



# OPEN

## *Enrollment*

### Plan Year 2017

**MANDATORY  
ENROLLMENT**

Health Insurance  
Open Enrollment  
Materials For Retirees

**APPLICATION  
DUE BY**  
OCTOBER 24, 2016

**HAZ** NOTICE

**YEARLY REQUIREMENT!**

Hazardous duty retirees  
**MUST** submit Form 6256 in  
order for eligible spouse and  
dependents to receive health  
insurance contribution.  
**DEADLINE 12/31/2016**

**You MUST complete the enclosed KEHP Enrollment Application  
OR Enroll ONLINE at <https://kyret.ky.gov>**



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# YOUR RESOURCES

## Our Website

**<https://kyret.ky.gov>**

- Links to Member Education Videos
- Member Forms and directions
- News & Updates
- Publications (Recent and Archive)
- Contacting Us

## Self Service

**[MyRetirement.ky.gov](http://MyRetirement.ky.gov)**

- Update your personal information
- Calculate your benefits
- Get your retirement information

## Member Education

Videos located at

**[youtube.com/user/KentuckyRetire](https://youtube.com/user/KentuckyRetire)**

- Video Library
  - How-to Videos*
  - How to Retire*
  - How to fill out form 6000*
  - How to Calculate Your Benefit*
  - ...and more!*

## • Webinars

(interact and ask questions)

- Town Hall  
(the latest information and what it means to you)
- On-location Outreach

## Member Communications

**[www.Facebook.com/kyretirement](https://www.Facebook.com/kyretirement)**

**[Twitter - @KYretire](https://twitter.com/KYretire)**

- Up-to-date information as it happens
- New releases of videos & publications
- Instant notification of Webinars

## Retirement Counselors

### • Call Center

**Monday - Friday 8:00am - 4:30pm**

**1-502-696-8800 or 1-800-928-4646**

Fax (502) 696-8822

### • On-site Counselors

Perimeter Park West  
1260 Louisville Road  
Frankfort, KY 40601

### • Email

**[krs.mail@kyret.ky.gov](mailto:krs.mail@kyret.ky.gov)**

General Questions only (unsecure)



# ATTENTION ALL HAZARDOUS DUTY RETIREES



## YEARLY REQUIREMENT!

**Hazardous duty retirees *MUST* submit a Form 6256 in order for legal spouse and eligible dependents to receive health insurance contribution.**

**If you fail to submit the Form 6256 by 12/31/2016 YOU WILL NOT RECEIVE PREMIUM CONTRIBUTIONS for your legal spouse or eligible dependents. If you submit the form after Jan 1, you will only receive reimbursement of premiums for the 90 days prior to the receipt of the Form 6256 in Plan Year 2017.**

*Example: If you submit the form June 3, 2017, you will receive reimbursement for March - May 2017.*

## **DEADLINE 12/31/2016**

See page 35 for more information.

# ENROLL ONLINE: Simple as ABC's

**STEP  
A**

**Step A:** - Go to [www.kyret.ky.gov](http://www.kyret.ky.gov) and click **Login** at the top of the screen.

**KENTUCKY  
RETIREMENT SYSTEMS**

Feedback Forms Facebook **Login**



**STEP  
B**

**Step B:**  
Login in to  
Member Self Service  
(you are required to have  
your 4 Digit PIN number to  
complete your enrollment  
online)

**STEP  
C**

**Step C:** When you reach the Welcome Page click on the link in the red box **Enrollment is NOW OPEN** or the **Health Insurance Enrollment** link near the bottom of the page.

**STEP  
D**

Contact Info

Highlights

Enrollment

Coverage

REVIEW

**1**

**2**

**3**

**4**

**5**

**Step D**  
Follow 1-6 tabs on the  
Health Insurance  
Enrollment Page

**ONLY DISENROLL  
IF YOU ARE WAIVING  
COVERAGE!**

**WAIVING** Disenrollment

**4b**



5

Submit Enrollment

Self Service by Kentucky Retirement Systems

Home Account Services Health Insurance Enrollment

Health Insurance Enrollment

1. Contact Info 2. Highlights 3. Enrollment 4. Coverage 4a. Disenrollment 5.

Submit Enrollment

6

Once you reach the confirmation page, you will receive a message that states

**Submit was Successful**

Home Account Services Health Insurance Enrollment

Submit was successful!

Health Insurance Enrollment

1. Contact Info 2. Highlights 3. Enrollment 4. Coverage 4a. Disenrollment 5. Review 6. Confirmation

Member Name:  
Social Security Number:

Congratulations! You have successfully submitted your enrollment. Please note that all enrolled in a Medicare plan, you will be notified once your enrollment is confirmed with

Your confirmation number is:



**When you see Submit was Successful you are now registered and you now have a confirmation number.**

**PLEASE RETAIN  
YOUR CONFIRMATION  
NUMBER  
FOR YOUR RECORDS.**



**If you are Hazardous,  
Please mail or fax your  
FORM 6256  
See page 47-48**

**YOU'RE  
FINISHED!**



**Would  
you like to  
do a paper  
application?**

**COMPLETE APPLICATION  
ONLINE**

**PAPER APPLICATION  
THIS WAY**

**GO TO  
PAGE 40**

OR download and print your insurance application from our website. [www.kyret.ky.gov](http://www.kyret.ky.gov)

# Highlights for 2017

The Kentucky Employees' Health Plan (KEHP) welcomes you to the 2017 plan year annual Open Enrollment! This is an ACTIVE Open Enrollment and everyone must make an election. KEHP is a self-funded plan that offers health insurance to state employees, school boards, retirees under age 65, and other quasi-governmental agencies.



## HAZARDOUS DUTY RETIREES WITH HEALTH INSURANCE DEPENDENTS DEADLINE 12/31/2016

**You must file a FORM 6256 every year. You need to provide documentation of your dependents eligibility if it is not already on file with KRS.**

Hazardous duty retirees MUST submit a Form 6256 in order for legal spouse and eligible dependents to receive health insurance contribution. If you fail to submit the Form 6256 by 12/31/2016 YOU WILL NOT RECEIVE PREMIUM CONTRIBUTIONS for your spouse or dependents. See page 35 for more information.

If you previously submitted your marriage certificate for your spouse and/or birth certificates for your children, you do not have to submit these documents again. BUT you are required to submit a FORM 6256 yearly for legal spouse and eligible dependents.

## MANDATORY ENROLLMENT

Any member who **fails to elect or waive coverage by Oct. 24, 2016 is automatically enrolled** into the Standard PPO plan as the same coverage level (e.g., single, parent plus, couple, or family) you have in 2016. If you currently have coverage with KRS on a KEHP plan and fail to complete a health insurance application for 2017, **YOU WILL BE DEFAULTED INTO THE STANDARD PPO PLAN** at the same level of coverage you are enrolled in for 2016. See page 14 for more information.

**WAIVING COVERAGE:** If you currently waived coverage with KRS in 2016, you are not required to complete an application waiving coverage for 2017.

## Open Enrollment Highlights

October 1- October 24, 2016

### Premiums

- No premium increase for the LivingWell plans if you completed your 2016 LivingWell Promise, and you choose another LivingWell plan for 2017
- 1% premium increase in the Standard CDHP and Standard PPO plans

### How to Enroll:

- Online using KRS Self Service
- Use the paper application in this guide:
  - If you currently have the cross-reference payment option, and your spouse is an active employee or participates in KTRS (Kentucky Teachers' Retirement System) you may enroll using the pre-populated cross-reference paper application you will receive in the mail; **OR**
  - If you are electing the cross-reference payment option for the first time or you do not have the pre-populated paper application.



Medical Third-Party Administrator



Pharmacy Benefits Manager



FSA/HRA Administrator

# What You Need to Know for 2017

## NEW for 2017 Benefits

***This is a MANDATORY ENROLLMENT.*** If you do not file an application for 2017, you will be placed on the default Standard PPO plan. If you fill out an application, below are the new KEHP benefits for the 2017 plan year. In an effort to keep premiums lower while continuing to offer you comprehensive benefits, KEHP made the following changes for 2017:

- **New Deductibles for LivingWell PPO plan:** deductibles increased to \$750/single and \$1,500/family for in-network coverage. See the Benefits Grid on pages 16-17 for details;
- **The out-of-pocket maximum increased in all four plan options:** LivingWell CDHP and LivingWell PPO \$2,750/single and \$5,500/family; Standard PPO and Standard CDHP \$3,750/single and \$7,500 family. See the Benefits Grid on pages 16-17 for details;
- **Preventive prescriptions** on the CVS/Caremark preventive therapy drug benefit list will not be subject to the deductible if you have the LivingWell CDHP or the Standard CDHP;
- **LiveHealth Online Psychology** is now available at no cost for you and your dependents age 10 and over.

**WAIVING COVERAGE:**  
If you currently waived coverage with KRS in 2016, you are not required to complete an application waiving coverage for 2017.

- **LivingWell Fee** - If you selected the LivingWell PPO or LivingWell CDHP for 2016 and FAILED to complete the LivingWell Promise (complete the online health assessment or biometric screening) you will be responsible for paying an additional \$40 LivingWell fee every month in 2017 if you select a LivingWell plan. The retiree/planholder/beneficiary will be responsible for paying the fee even if they have 100% contribution (retiree with 240 months or greater.)

## Health and wellness benefits

As a health plan member you have access to many innovative health and wellness benefits that can help you save money on medical expenses. Below are a few details on some of your benefits:

In 2015, KEHP became one of the first state employee health plans in the country to offer qualifying members **free enrollment in the national Diabetes Prevention Program (DPP)**. See if you qualify and learn more on page 11.

For diabetic health plan members, the KEHP is providing a Diabetes Value Benefit, which aims to reduce out-of-pocket costs for covered diabetic medications and supplies. See page 25.

You can now **see a doctor online for free with LiveHealth Online**. Talk face-to-face with a doctor 24-hours a day, seven days a week — from a computer, tablet, or mobile device from nearly anywhere in the U.S.

When life gets busy, it can be hard to find the time to take care of yourself. To help manage your health, reduce stress, and bring balance to your life, Anthem is offering you **myStrength™**. Log on to your secure site at **anthem.com** to access myStrength.



Transparency Vendor



Wellness Program Administrator  
Formerly HumanaVitality



View your wellness benefits at LivingWell.ky.gov and your health plan benefits at kehp.ky.gov.

# What You Need to Know for 2017

## Open Enrollment Period

The Open Enrollment Period for Plan Year 2017 will begin October 1, 2016, and end October 24, 2016. If you are enrolled in the LivingWell plan and did not complete your LivingWell promise for 2016, you will need to pay an additional \$40 per month fee to remain on the LivingWell plan. Please see page 19 for more information.

**Don't Wait:** Once you have completed an application, return it to the retirement office as soon as possible. This will allow staff time to return the application for correction if the application is incomplete. Please keep a copy of any application you submit to KRS for your records.

## Do not send your completed application anywhere except to KRS for processing:

If you send your application somewhere other than to KRS, you may fail to receive the requested change to your coverage or you could lose eligibility by not meeting the required deadline.

## Employment After Retirement

If you are Medicare eligible and return to work, KRS may not be allowed to offer you coverage due to the MSP (Medicare Secondary Payer) requirement. You may take your health insurance coverage through your employer. Please call KRS if you have questions. You should also contact Medicare if you have questions.

If your active employment makes you eligible for insurance coverage and you are not Medicare eligible, you must decide if you wish to carry your coverage through KRS or your employer. If you want to move your coverage from KRS and carry insurance through your employer, you need to submit an application to KRS indicating you will waive coverage and submit an application to your employer by the KRS open enrollment due date or during your employers open enrollment period.

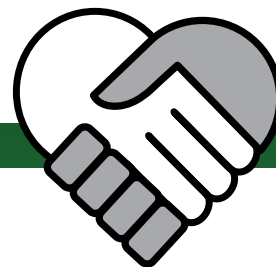
Unless otherwise provided by law, if you are a retiree that has an initial participation date with KRS on or after September 1, 2008 and are reemployed after retirement in a regular full-time position, you will not be eligible for health insurance with KRS. You are required to take coverage through your employer.

## Are you or your dependents enrolled in Medicare?

The Open Enrollment Period for Medicare Eligible recipients and their Medicare eligible dependents begins October 24, 2016, and ends November 27, 2016. If you or a dependent are Medicare Eligible and have coverage in the KEHP through KRS, or have no coverage through KRS, notify the retirement office immediately and we will send you a Medicare Eligible Open Enrollment packet for Plan Year 2017. You may also access this information online at [kyret.ky.gov](http://kyret.ky.gov).

## Bank Draft Authorization

If you are currently paying for Kentucky Retirement Systems health insurance from a monthly invoice you receive in the mail, KRS now requires a bank draft authorization. If your portion of health insurance premiums is in excess of your net monthly retirement payment, that "direct payment" for health insurance must be paid by electronic transfer. Form 6131, Bank Draft Authorization for Direct Pay Accounts is required along with a canceled check or other bank verification. See page 53. If an active Form 6131 is not in your file, you must submit one to our office during open enrollment to prevent any disruption of your health insurance coverage.



*Living*Well Promise

**If you enrolled in a LivingWell Plan option for 2016 and you did not fulfill your LivingWell Promise, you will be responsible for the LivingWell fee of an additional \$40.00 per month. If you choose a LivingWell plan for 2017, this will be paid by the retiree/planholder/beneficiary if you enroll in the LivingWell plan for 2017.**



# What You Need to Know for 2017

## MEMBERS WITH PARTICIPATION DATE PRIOR TO JULY 1, 2003

In order to determine your cost for coverage in 2017, please refer to the guides on pages 34-37 enclosed in this notice.

Retirees with non-hazardous service credit only and beneficiaries of non-hazardous retirees should refer to page 34. Retirees with only hazardous duty service credit should refer to pages 36-37. Retirees with both non-hazardous and hazardous duty service should also refer to pages 34-37.



**IF YOU ARE HAZARDOUS, PLEASE REFER TO THE INFORMATION IN THE HAZ NOTICE ON THIS PAGE AND PAGE 35.**

## MEMBERS WITH PARTICIPATION DATE ON OR AFTER JULY 1, 2003

In order to determine your cost for coverage in 2017, please refer to the guides on pages 38-39 enclosed in this notice.

Retirees or Beneficiaries of retirees with hazardous duty service credit may contact the retirement office for assistance.

Specific account information, including what contribution amount KRS may pay, can only be discussed by telephone if the caller has a Personal Identification Number (PIN) with KRS and can provide it to the representative.



**IF YOU ARE HAZARDOUS, PLEASE REFER TO THE INFORMATION IN THE HAZ NOTICE ON THIS PAGE AND PAGE 35.**



## HAZARDOUS DUTY RETIREES WITH HEALTH INSURANCE DEPENDENTS DEADLINE 12/31/2016

***You must file a FORM 6256 every year. You need to provide documentation for your dependents eligibility if it is not already on file with KRS.***

**CHILD:** If your dependent child is between the ages of 18 and 22, you will need to complete Form 6256 (page 49). A Birth certificate or other supporting documentation will be required if not on file.

**SPOUSE:** You will need to complete Form 6256 (page 49). A marriage certificate or other supporting documentation will be required if not on file.

## NOTE: YOU MUST FILL OUT FORM 6256 EVERY YEAR



**Form 6256** Designation Of Spouse and/or Dependent Child for Health Insurance Certification of Dependent Eligibility

**Note:** if you fail to notify KRS of changes in your dependent's eligibility (child AND spouse), you will **BE REQUIRED TO REPAY** any insurance benefits paid on behalf of the ineligible person. See page 35.

**Note:** You may continue to cover Hazardous Duty Dependents between the ages of 22-26 as they are eligible for coverage but not eligible for the Premium Contribution. Retiree will be responsible for the additional cost for coverage.

**Please see page 36-37 for Hazardous Retiree Dependent Information Changes and Contribution Information.**





# What You Need to Know for 2017

**NOTICE:** Non-Hazardous Retirees who elect the Standard PPO, Standard CDHP, or Living Well CDHP with a coverage level of Parent Plus, Couple, Family or Family Cross Reference-The Maximum Contribution allowed for the Standard PPO is \$678.22, the Maximum Contribution allowed for the Standard CDHP is \$663.80, and the Maximum Contribution allowed for the LivingWell CDHP is \$702.10. Retirees and beneficiaries may also contact the retirement office for assistance in determining insurance costs.

*Specific account information, including what contribution amount, if any, KRS may pay, can only be discussed by telephone if the caller has established a Personal Identification Number (PIN) with the retirement office.*

## How do I enroll on the web?

During the Open Enrollment period, you may access our web enrollment at <https://myretirement.ky.gov>. Once you login to our self-service site, look for the view health insurance enrollment history link on the left toolbar. This page displays your current health insurance coverage through KRS and gives you the option to submit your KEHP enrollment online. If you are cross-referencing with an active employee, you must complete a paper application. If you complete web enrollment, please DO NOT complete a paper application. See page 4-5.

**\* Hazardous Duty Retiree completing web enrollment will still have to complete paper Form 6256 and submit to KRS via mail or fax.**

## Are you or your dependents enrolled in Medicare?

If you or your dependents are enrolled in Medicare and not employed full-time, you or your Medicare eligible dependent may not be eligible for the KEHP plans and must enroll in a KRS Medicare eligible health plan for 2017.

Refer to page 8 for details on Medicare and KEHP eligibility. Please contact our office for further information regarding enrollment in a Medicare eligible plan through KRS.

## What are Tobacco User Fees?

The Commonwealth of Kentucky is committed to fostering and promoting wellness and health in the workforce. You are eligible for the non-tobacco user premium contribution rates provided you certify that you and any other person to be covered under your plan has not regularly used tobacco within the past six months.

- “Regularly” means tobacco has been used four or more times per week on average excluding religious or ceremonial use.
- “Tobacco” means all tobacco products including, but not limited to, cigarettes, pipes, chewing tobacco, snuff, dip, and any other tobacco products regardless of the frequency or method of use.
- “Dependent” means, for the purpose of the Tobacco Use Declaration, only those dependents who are 18 years of age or older.

If you have regularly used tobacco within the past six months, you are subject to the monthly fee as discussed below. For those with single coverage, the fee is \$40.00 per month. For those with any dependent coverage (Parent Plus, Couple, Family), even if only one person uses tobacco, the fee is \$80.00. You should add either \$40.00 or \$80.00 to the premium amounts for your level of coverage.

## What is the new LivingWell Fee?

If you selected the LivingWell PPO or LivingWell CDHP for 2016 and FAILED to complete the LivingWell Promise (complete the online health assessment or biometric screening) you will be responsible for paying an additional \$40 LivingWell fee every month in 2017 if you select a LivingWell plan. The retiree/planholder/beneficiary will be responsible for paying the fee even if they have 100% contribution (retiree with 240 months or greater.)

# Anthem – Third-Party Medical Administrator

## Take control of your health

**Go ahead and take the wheel — we'll help you navigate.**

When it comes to your health, we like to make a fuss. With your Kentucky Employees' Health Plan (KEHP) administered by Anthem Blue Cross and Blue Shield, you get more than just access to quality care. You also get tools and resources to help you make good decisions about your health care. We'll help you with simple, useful and smart ways to get the most value out of your health plan.

### **Relax, no need to do everything by yourself**

From online groups to personal health consulting, we work closely with you to help you get personalized care.

- We offer health plans with programs and tools to help you improve your health and stay healthy in the long run.

### **We're focused on your health**

*Here are some programs available to you:*

- **Behavioral health:** Helps with mental health issues like depression.
- **Case management:** Offers special services and programs for members with certain high-risk health problems.
- **Chronic care:** Helps you take care of ongoing health problems, such as diabetes, asthma, allergies and high blood pressure.
- **Diabetes Prevention Program:** You can get help lowering your risk for diabetes through prevention classes for 16 weeks with a trained lifestyle instructor.
- **Future Moms:** Lets you call a registered nurse for answers to your pregnancy questions, and helps you have a safe delivery and healthy child.
- **LiveHealth Online:** Connects you to a board-certified doctor through your computer or mobile device for help with nonemergency health issues right away.
- **Mobile app:** Makes it easier than ever for you to find a doctor, get a virtual ID card and view your claims.
- **Neonatal intensive care unit (NICU):** Helps meet the complex needs of certain newborn babies and their mothers.
- **24/7 NurseLine:** Offers access to qualified registered nurses who can answer your health questions any time — day or night.

### **Need extra help?**

Let's show you how to take charge of your health and make the most of your benefits. For more information, call the Customer Service number on the back of your member ID card or visit [anthem.com/kehps](http://anthem.com/kehps).



Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of Kentucky, Inc. Independent licensee of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.



# LivingWell CDHP

## LivingWell CDHP

- The LivingWell Consumer Driven Health Plan (CDHP) puts you, the consumer, in more control of managing your health expenses.
- If you choose this plan, you must complete the LivingWell Promise.
- You receive a pre-funded Health Reimbursement Arrangement (HRA) to use toward your deductible and maximum out-of-pocket expenses.
- If you currently have a CDHP and you choose a CDHP again for plan year 2017, any remaining HRA balance will carry over to the 2017 plan year.
- This plan has the lowest member co-insurance percentage. You pay only 15%, and the health plan pays 85% of all eligible expenses.
- Medical and pharmacy expenses apply toward the deductible and maximum out-of-pocket expenses.
- Your pharmacy costs for medications on the preventive therapy drug benefit list bypass the deductible so that you only pay the co-insurance amount for the drug.  
See page 24 for more information.

## HRA helps reduce your costs

The HRA can be used to reduce your deductible. You will receive a WageWorks® Healthcare Card pre-funded with \$500 for single coverage or \$1,000 for couple, parent plus, or family coverage levels. Just swipe the WageWorks® Healthcare Card at any in-network provider's office or pharmacy and the eligible expense amount will be deducted from your card balance. Often, your card swipes are automatically processed; however, you may be requested to submit expense receipts for documentation if the card swipe cannot be automatically verified.

***You may only use the HRA to reimburse healthcare expenses of persons enrolled in the plan.***

## HRA funds

If your annual expenses are below \$500 for single coverage or below \$1,000 for all other coverage levels, you won't have to spend any money out of your own pocket. Also, funds of \$7,500 or less remaining in your CDHP HRA at the end of 2017 will carry over to your new CDHP HRA for 2018. Once you use all your HRA funds, you will pay for all additional expenses until your deductible is met. After the deductible is met you will be responsible for paying the member co-insurance amount. Once the out-of-pocket maximum is met, the KEHP will pay 100% of your covered services.



# LivingWell PPO

- The LivingWell Preferred Provider Organization (PPO) is a traditional health plan.
- If you choose this plan, you must complete the LivingWell Promise.
- This plan is a good choice if you prefer having a larger premium in exchange for a fixed co-pay for certain services.
- This plan includes a flat co-pay amount for prescription coverage.
- The maximum out-of-pocket amount for the LivingWell PPO is the same as the LivingWell CDHP. However, the PPO does not include an HRA to help reduce your out-of-pocket costs.
- Medical and prescription out-of-pocket maximums accumulate separately.
- Co-pays apply to the out-of-pocket maximum but not the deductible.

The LivingWell CDHP and the LivingWell PPO both require completion of the LivingWell Promise. See how your costs compare under both plans in the chart below.

The chart below is for illustrative purposes only.

Non-Tobacco Completing LivingWell Promise with Single Coverage	LivingWell CDHP	LivingWell PPO
<i>Pre-funded HRA contribution</i>	\$500	\$0
<i>Your healthcare expenses for the year</i>	\$7,000	\$7,000
<i>Use your pre-funded HRA to pay</i>	-\$500	\$0
<i>Your remaining balance</i>	\$6,500	\$7,000
<i>You pay \$150 emergency room co-pay</i>	\$0	-\$150
<i>Your remaining balance</i>	\$6,500	\$6,850
<i>You pay remaining deductible amount</i>	-\$750	-\$750
<i>Your remaining balance</i>	\$5,750	\$6,100
<i>Plan pays 85% or 80%</i>	\$4,887.50 (85%)	\$4,880 (80%)
<i>You pay the other 15% or 20%</i>	\$862.50 (15%)	\$1,220 (20%)
<i>Your costs for treatment</i>	\$1,612.50 (deductible + co-insurance)	\$2,120.00 (co-pay + deductible + co-insurance)
<b>Your annual employee contribution</b>	<b>\$0</b>	<b>\$0</b>
<b>YOUR TOTAL ANNUAL COSTS*</b>	<b>\$1,612.50</b> (deductible + co-insurance)	<b>\$2,120.00</b> (deductible + co-pay + co-insurance)

\*Assumes 20 years of service and participation prior to July 1, 2003



# Standard PPO

## Standard PPO (Default Plan)

- The Standard Preferred Provider Organization (PPO) is a traditional health plan offering lower premiums and higher out-of-pocket costs.
- This plan does not require the LivingWell Promise.
- This plan reimburses most covered expenses at 70%.
- Under this plan, you pay 30% of the total in-network prescription cost within a minimum and maximum range.
- Regardless of the pharmacy tier, the amount you pay is capped at a maximum amount.
- Emergency room co-pays are \$150, plus the deductible and co-insurance.
- Medical and prescription out-of-pocket maximums accumulate separately.

Any member currently enrolled in the KEHP program who fails to elect or waive coverage by Oct. 24, 2016 is **AUTOMATICALLY ENROLLED** in this plan with the same coverage level (e.g., single, parent plus, couple, or family) as in 2016. If you currently waive coverage, you do not need to complete a new application for Plan Year 2017.



**Any member currently enrolled in the KEHP program who fails to elect or waive coverage by Oct. 24, 2016 is AUTOMATICALLY ENROLLED in this plan with the same coverage level (e.g., single, parent plus, couple, or family) as in 2016. If you currently waive coverage, you do not need to complete a new application for Plan Year 2017.**



# Standard CDHP

- The Standard Consumer Driven Health Plan (CDHP) puts you, the consumer, in more control of managing your health expenses.
  - This plan does not require completion of the LivingWell Promise.
  - You receive a pre-funded Health Reimbursement Arrangement (HRA) to use toward your deductible and maximum out-of-pocket.
  - This plan offers the lowest premiums in exchange for higher deductibles.
  - If you currently have a CDHP and you choose a CDHP again for plan year 2017, any remaining HRA balance will carry over to plan year 2017.
  - Your pharmacy costs for medications on the preventive therapy drug benefit list bypass the deductible so that you only pay the co-insurance amount for the drug.
- See page 24 for more information.

## HRA helps reduce your costs

The HRA can be used to reduce your deductible. You will receive a WageWorks® Healthcare Card pre-funded with \$250 for single coverage or \$500 for couple, parent plus, or family coverage level. Just swipe the WageWorks® Healthcare Card at any in-network provider's office or pharmacy and the eligible expense amount will be deducted from your card balance. Often, your card swipes are automatically processed; however, you may be requested to submit expense receipts for documentation if the card swipe cannot be automatically verified. You may only use the HRA to reimburse health care expenses of persons enrolled in the plan.

## HRA funds

If your annual expenses are below \$250 for single coverage or below \$500 for all other coverage levels, you won't have to spend any money out of your own pocket. Also, funds of \$7,500 or less remaining in your CDHP HRA at the end of 2017 will carry over to your new CDHP HRA for 2018. Once you use all your HRA funds, you will pay for all additional expenses until your deductible is met. After the deductible is met, you will be responsible for paying the member co-insurance amount. Once the out-of-pocket maximum is met the KEHP will pay 100% of your covered services.

Non-Tobacco Completing LivingWell Promise Single Coverage	Standard PPO	Standard CDHP
<i>Pre-funded HRA contribution</i>	\$0	\$250
<i>Your healthcare expenses for the year</i>	\$7,000	\$7,000
<i>Use your pre-funded HRA to pay</i>	\$0	-\$250
<i>Your remaining balance</i>	\$6,500	\$7,000
<i>You pay \$150 emergency room co-pay</i>	-\$150	\$0
<i>Your remaining balance</i>	\$6,850	\$6,750
<i>You pay remaining deductible amount</i>	-\$750	-\$1,500
<i>Your remaining balance</i>	\$6,100	\$5,250
<i>Plan pays 70%</i>	\$4,887.50 (85%)	\$4,880 (80%)
<i>You pay the other 30%</i>	-\$1,830	-\$1,575
<i>Your costs for treatment</i>	\$2,730.00 (deductible + co-insurance)	\$3,075.00 (co-pay + deductible + co-insurance)
<b>Your annual employee contribution</b>	<b>\$0</b>	<b>\$0</b>
<b>YOUR TOTAL ANNUAL COSTS*</b>	<b>\$2,730.00</b> (deductible + co-pay + co-insurance)	<b>\$3,075.00</b> (deductible + co-insurance)

\*Assumes 20 years of service and participation prior to July 1, 2003

# KEHP 2017 Benefits Grid

Plan Options			LivingWell CDHP			LivingWell PPO			Standard PPO			Standard CDHP		
			In-Network	Out of Network	In-Network	Out of Network	In-Network	Out of Network	In-Network	Out of Network	In-Network	Out of Network	In-Network	Out of Network
Lifetime Maximum			Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Health Reimbursement Arrangement (HRA)			Single \$500; Family \$1,000	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Single \$250; Family \$500	Single \$250; Family \$500	Single \$250; Family \$500
Annual Deductible			Single \$1,250 Family \$2,500	Single \$2,500 Family \$5,000	Single \$750 Family \$1,500	Single \$1,500 Family \$3,000	Single \$750 Family \$1,500	Single \$1,500 Family \$3,000	Single \$750 Family \$1,500	Single \$1,500 Family \$3,000	Single \$1,750 Family \$3,500	Single \$3,000 Family \$6,000	Single \$3,000 Family \$6,000	Single \$3,000 Family \$6,000
Annual Medical Out-of-pocket Maximum			Applies to Medical and Pharmacy	Applies to Medical and Pharmacy	Applies to Medical	Applies to Medical	Applies to Medical	Applies to Medical	Applies to Medical	Applies to Medical	Applies to Medical and Pharmacy	Applies to Medical and Pharmacy	Applies to Medical and Pharmacy	Applies to Medical and Pharmacy
			Single \$2,750 Family \$5,500	Single \$5,500 Family \$11,000	Single \$2,750 Family \$5,500	Single \$5,500 Family \$11,000	Single \$2,750 Family \$5,500	Single \$5,500 Family \$11,000	Single \$3,750 Family \$7,500	Single \$7,500 Family \$11,000	Single \$3,750 Family \$7,500	Single \$7,500 Family \$11,000	Single \$7,500 Family \$11,000	Single \$7,500 Family \$11,000
<b>Deductibles &amp; Out-of-Pocket Maximums for In-Network and Out-of-Network providers accumulate separately and do not cross apply.</b>														
Co-Insurance			Plan: 85% Member: 15%	Plan: 60% Member: 40%	Plan: 80% Member: 20%	Plan: 60% Member: 40%	Plan: 70% Member: 30%	Plan: 50% Member: 50%	Plan: 70% Member: 30%	Plan: 50% Member: 50%	Plan: 70% Member: 30%	Plan: 50% Member: 50%	Plan: 70% Member: 30%	Plan: 50% Member: 50%
Doctor's Office Visits			Deductible then 15%	Deductible then 40%	Co-Pay: \$25 PCP; \$45 Specialist	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%
Physician Care (Inpatient/ Outpatient/Other)			Deductible then 15%	Deductible then 40%	Deductible then 20%	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%
Diagnostic Tests In Doctor's Office****			Deductible then 15%	Deductible then 40%	Office Visit Co-Pay	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%
Other Laboratory			Deductible then 15%	Deductible then 40%	Deductible then 20%	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%
Inpatient Hospital (Semi-Private Room)			Deductible then 15%	Deductible then 40%	Deductible then 20%	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%
Outpatient Hospital/Surgery			Deductible then 15%	Deductible then 40%	Deductible then 20%	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%
Outpatient/ Ambulatory Surgery Center			Deductible then 15%	Deductible then 40%	Deductible then 20%	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%
Emergency Room (Benefit for emergency medical treatment only)			Deductible then 15%	Deductible then 40%	\$150 Co-Pay then 20% Co-Pay waived if admitted.	\$150 Co-Pay then 20% Co-Pay waived if admitted.	\$150 Co-Pay then 20% Co-Pay waived if admitted.	\$150 Co-Pay then 20% Co-Pay waived if admitted.	\$150 Co-Pay then 20% Co-Pay waived if admitted.	\$150 Co-Pay then 20% Co-Pay waived if admitted.	\$150 Co-Pay then 20% Co-Pay waived if admitted.	\$150 Co-Pay then 20% Co-Pay waived if admitted.	\$150 Co-Pay then 20% Co-Pay waived if admitted.	\$150 Co-Pay then 20% Co-Pay waived if admitted.
ER Physician Care			Deductible then 15%	Deductible then 40%	Deductible then 20%	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%
Ambulance			Deductible then 15%	Deductible then 40%	Deductible then 20%	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%
Urgent Care Center			Deductible then 15%	Deductible then 40%	\$50 Co-Pay	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%
Routine Well Child			Covered at 100%	Deductible then 40%	Covered at 100%	Deductible then 40%	Covered at 100%	Deductible then 40%	Covered at 100%	Deductible then 40%	Covered at 100%	Deductible then 40%	Covered at 100%	Deductible then 40%

Plan Options		LivingWell CDHP		LivingWell PPO		Standard PPO		Standard CDHP	
		In-Network	Out of Network	In-Network	Out of Network	In-Network	Out of Network	In-Network	Out of Network
Routine Well Adult		Covered at 100%	Deductible then 40%	Covered at 100%	Deductible then 40%	Covered at 100%	Deductible then 50%	Covered at 100%	Deductible then 50%
Mental Health		Treated the same as any other health condition. See specifics related to PCP office visit, inpatient and outpatient services.		Treated the same as any other health condition. See specifics related to PCP office visit, inpatient and outpatient services.					
Autism Services		Treated the same as any other health condition. See specifics related to PCP office visit, inpatient and outpatient services.							
Allergy Injections		Deductible then 15%	Deductible then 40%	\$15 Co-Pay	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%
Allergy Serum		Deductible then 15%	Deductible then 40%	\$15 Co-Pay	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%
Maternity Care (See SPD for Specifics)		Deductible then 15%	Deductible then 40%	\$25 Co-Pay (office visit pregnancy diagnosed) Delivery Charge: Deductible then 20%	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%
Durable Medical Equipment		Deductible then 15%	Deductible then 40%	Deductible then 20%	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%
Therapy Services (Per Visit; Physical, Occupational, Speech)		Deductible then 15%	Deductible then 40%	Deductible then 20%	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%
Chiropractic Care		Maximum of 30 visits per calendar year, per therapy service type		Maximum of 30 visits per calendar year, per therapy service type		Maximum of 30 visits per calendar year, per therapy service type		Maximum of 30 visits per calendar year, per therapy service type	
		Deductible then 15%	Deductible then 40%	\$25 Co-Pay	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%
		Maximum of 26 visits per calendar year; no more than 1 visit per day		Maximum of 26 visits per calendar year; no more than 1 visit per day		Maximum of 26 visits per calendar year; no more than 1 visit per day		Maximum of 26 visits per calendar year; no more than 1 visit per day	
Prescription Drugs — Administered by CVS/Caremark									
Annual Rx <i>Out-of-Pocket Maximum</i>		Combined with Medical	Combined with Medical	Single \$2,500 Family \$5,000	Not Applicable	Single \$2,500 Family \$5,000	Not Applicable	Combined with Medical	Combined with Medical
30-Day Supply*** Tier 1 - Generic Tier 2 - Formulary Tier 3 - Non-Formulary		Deductible then 15%	Deductible then 40%	\$10 \$35 \$55	Not Applicable	30% Min \$10—Max \$25 Min \$20—Max \$50 Min \$60—Max \$100	Not Applicable	Deductible then 30%	Deductible then 50%
90-Day Supply (Retail or Mail Order)*** Tier 1 - Generic Tier 2 - Formulary Tier 3 - Non Formulary		Deductible then 15%	Not Applicable	\$20 \$70 \$110	Not Applicable	30% Min \$20—Max \$50 Min \$40—Max \$100 Min \$120—Max \$200	Not Applicable	Deductible then 30%	Not Applicable

**Notes:** The boxed areas of the grid are components of each plan most often used by members when choosing a plan option, but are not all inclusive. **You can refer to the Summary of Benefits and Coverage (SBC) for more information.** KEHP has made every attempt to ensure the accuracy of the benefits outlined in this Benefits Grid. However, if an error has occurred, the benefits outlined in the 2017 Summary Plan Descriptions (SPDs) and Medical Benefit Booklets will determine how benefits are paid. Benefits are subject to the terms, conditions, limitations and exclusions set forth in the SPDs. \*Co-pays do not accumulate toward the deductible, but they do accumulate toward the applicable out-of-pocket maximum.

\*\*For the **LivingWell CDHP** and the **Standard CDHP**, all covered expenses apply to the out-of-pocket maximum. For the **LivingWell PPO** and the **Standard PPO plans**, the out-of-pocket maximum accumulates separately and independently for medical and prescription drug benefits.

\*\*\* Certain diabetic drugs are subject to reduced co-pays and co-insurance with no deductibles. A 90-day supply of maintenance drugs is subject to lower co-pays and co-insurance. Select preventive therapy drugs bypass the deductible on both CDHPs.

\*\*\*\* Claims are processed based on provider billing type which may include separate charges from a lab performing services outside of the doctor's office visit.

# Go365 - Wellness Program Administrator



**Starting January 1 , 2017,  
HumanaVitality® will have a fresh  
new name - Go365™**

## **New Name, Same Great Program**

Despite the new name, you will log in with the same username and password you currently use for HumanaVitality. Also, your points and bucks will transfer over to Go365!

\*Please keep your HumanaVitality member ID number as this number will be the same for Go365.

## **New Fitness Point Structure**

1 point for every 1,000 steps  
5 points for every 15 minutes above 60% max heart rate  
5 points per 100 calories if burn rate exceeds 20 per hour  
10 points per day for checking in to a partner gym  
There is no longer a yearly fitness point maximum.

## **Multiple ways to start your journey with Go365**

The health assessment is no longer a requirement to reach Bronze status. There are three ways you can begin participating in the program:

- Complete one section of the Health Assessment
- Log a qualifying workout through a compatible device
- Get a biometric screening

## **Bonus Bucks for reaching the next level**

Earn even more Bonus Bucks as you increase your status!

Silver - +500 Bonus Bucks

Gold - +1, 500 Bonus Bucks

Platinum - +5,000 Bonus Bucks

*HumanaVitality is not an insurance product.*

*To contact Go365 customer service please call  
(855) 478-1623*

**The wellness and rewards solution that  
motivates action and inspires healthy changes**

Based on the feedback of employers and employee members, combined with more than five years of consumer research, we're refreshing the nation's pre-eminent loyalty and wellness program.





## The LivingWell Promise - Changes for 2017

More than 122,000 KEHP planholders, or nearly 98% of members who elected a LivingWell plan in 2016, completed their LivingWell Promise and learned more about their health status. The KEHP continues to focus on the benefits of wellness.

A new federal law requires health plans with wellness benefits to change how members are rewarded for their participation.

### Impact on Your 2017 Enrollment

- If you enrolled in a LivingWell Plan option for 2016 and you did not fulfill your LivingWell Promise, you will be responsible for the LivingWell fee of an additional \$40.00 per month if you enroll in a LivingWell plan for 2017. This will be paid by the retiree/planholder/beneficiary if you enroll in the LivingWell plan for 2017.
- You may choose from any of the four plan options for 2017.

## 2017 LivingWell Promise

If you enroll in either the LivingWell CDHP or LivingWell PPO for 2017, you must complete one of the following from *January 1, 2017 through July 1, 2017*:

• **Take the Go365 Health Assessment (HA)**

**or**

• **Complete a biometric screening**

The LivingWell Promise for 2017 will continue to include the option to complete the Go365 Health Assessment (HA) or a biometric screening. You can always do both if you like – you will receive more Go365 Points if you do!

If you agree to the LivingWell Promise, and you take your HA or biometric screening by July 1, 2017, you will NOT be responsible for the LivingWell Promise fee in the 2018 plan year if you select a LivingWell plan.

If you have a cross-reference payment option, you and your spouse must both complete the Go365 HA or the biometric screening. If you choose to enroll, each planholder that fails to complete the Living Will Promise will be responsible for an additional monthly fee in plan year 2018 if you select a LivingWell plan.

If you enroll in a LivingWell plan option in 2017, but you do not take the Go365 Health Assessment or have a biometric screening, you will be responsible for the LivingWell Promise fee on your monthly premium amount in the 2018 plan year if you select a LivingWell plan.





In 2015, nearly 97% of KEHP planholders completed their LivingWell Promise! In 2016, almost 98% of KEHP planholders completed their LivingWell Promise! It's that easy! Let's get 100% completion in plan year 2017.

## Health Assessment (HA)

The HA is a series of questions about your current physical and mental well-being, your day-to-day lifestyle, and how you feel about your current health levels. It takes about 10-15 minutes to complete. At the end, you will receive your Go365™ Age.

Only the planholder must complete the LivingWell Promise; but, if you have a cross reference payment option, make sure you and your spouse both complete the LivingWell Promise.

A Health Assessment increases your awareness of your health status. The results do not affect your health insurance coverage or premiums.

KEHP takes your personal health information seriously and has measures in place to protect this information. All responses to your HA are strictly confidential and protected under HIPAA. KEHP will not collect, access, or retain your personal health information, nor will KEHP share your personal health information with your employer. KEHP may receive aggregate information from Go365 that does not identify any individual in order to design and offer health programs aimed at improving the health of KEHP members.



LivingWell Promise

## Take the HumanaVitality/Go365 Health Assessment

Visit [livingwell.ky.gov](http://livingwell.ky.gov) and click on the HumanaVitality/Go365 login.

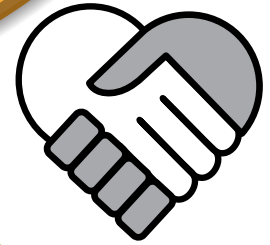
First-time users Click on "Register" and be prepared with your HumanaVitality/Go365 ID number (or social security number) and additional personal information. Follow the steps, create a username and password, and return to Go365 to login. (Tip: Write down your username and password somewhere safe for reference in the future when you login again.)

Returning users After you sign in, start your HA. If you know your medical history and key measurements, have them ready to help you complete your HA. If you don't have your key measurements, don't worry, you'll still be able to complete the HA. If you had a biometric screening within the last 18 months, you will see those results populated into your HA. The results cannot be updated until a new biometric screening is submitted. To find a biometric screening location near you, visit [livingwell.ky.gov](http://livingwell.ky.gov).

*After you receive your Go365 Age, you will receive recommended goals.*

If you choose, you may select goals and discover activities that will allow you to commit to a healthier lifestyle, improve your Go365 Age and earn Points, and rewards along the way.





# Complete a Biometric Screening

A biometric screening is lab work to test your cholesterol and blood glucose; a blood pressure check; and height, weight, and waist circumference to learn your Body Mass Index (BMI). For more accurate results, fast for at least nine hours prior to the test.

Go365 rewards you up to 4,000 Points and Bucks for completing a biometric screening. You receive 2,000 Bucks just for having a biometric screening and an additional 2,000 Bucks for being in healthy ranges, and Points for taking each test (cholesterol, blood glucose, blood pressure). You'll earn more Points for completing a biometric screening than you will by taking just the Health Assessment. If you choose, you may take both and earn more Points! A biometric screening will provide you with more accurate results to use when populating your Health Assessment. In turn, you will have a more accurate Go365 Age.

There are four options available to you to complete your biometric screening. Remember to take your HumanaVitality/Go365 ID number and appropriate printed voucher/ paperwork with you to your biometric screening appointment. Ensure all of your personal information is correct: name, date of birth, and identification number.

## At select onsite work locations.

- See your local wellness champ to find out your worksite screening date

### No cost to you

The biometric screening vendor will submit your results to Go365.

## Through your local health department

- Go to [livingwell.ky.gov](http://livingwell.ky.gov) to find a location
- Present your Go365 ID card at the health department

### No cost to you

The health department will submit your results to Go365.

## At a retail clinics

(e.g., Krogers' Little Clinics, Walgreens' Take Care Clinics, Concentra)

- Go to [livingwell.ky.gov](http://livingwell.ky.gov)
- Click on the "get a biometric screening" box
- Choose from the locations listed
- Print the associated biometric screening voucher
- Present the voucher and your Go365 ID card at the retail clinic

### No cost to you

The retail clinic location will submit your results to Go365.

## At your Primary Care Physician (PCP)

- Go to [livingwell.ky.gov](http://livingwell.ky.gov)
- Click on the "primary care physician" tab
- Print a copy of the "PCP biometric screening voucher" located at [livingwell.ky.gov](http://livingwell.ky.gov)
- Follow the instructions on the form to mail, fax, or submit via your online Go365 portal.

Preventive Services are at no cost to you if you use an in-network provider; however, there may be a charge if your provider submits the claim other than for preventive services.

A biometric screening increases your awareness of your health status. The results do not affect your health insurance coverage or premiums. Maintain a copy of the paperwork you receive from your biometric screening as proof of fulfilling the LivingWell Promise.

Fasting for 9-12 hours is strongly recommended but not required – nothing to eat or drink except water. Some exceptions for fasting: people who have been diagnosed with diabetes mellitus, hypoglycemia, women who are pregnant and people taking prescription medicines that must be taken with food.

# Wellness Success Stories



**Sara Duke,**  
with her husband

## Step Challenge

During the Border Battle step challenge in May, weekly drawing winner, Sara Duke (at left), a special education teacher at Apollo High School in Daviess County, received 2,500 Vitality Bucks!

How does she stay motivated? Sara says, *"I feel like a fit mom is a fit family. I want to be a healthy role model for my kids. I haven't always been active and in the last few years I have worked hard to change that. Recently, on my preschool age daughter's Mother's Day interview she wrote that my favorite thing to do is run on the treadmill. That's proof that I am living a healthy lifestyle and modeling it for my kids. I feel so much better overall when I am active, and I love step challenges to give me the extra boost and motivation."*



**Cathy Baker**

## Diabetes Prevention Program

Cathy, a retired teacher, had a wonderful experience with the Diabetes Prevention Program. She received phone calls from a nurse at Anthem, informing her that she was in danger of becoming diabetic due to her weight, age, and high blood pressure. She was informed that she was eligible for the Diabetes Prevention Program (DPP), so she signed up for weekly classes, starting in January 2016. An Anthem nurse called her regularly to check on her progress and pushed her gently to reach her weight loss goals.

She participated in the DPP classes and lost 27 pounds during the weekly sessions by following the diet and exercise plan given in the sessions. The class was taught at the YMCA in Lexington by a lifestyle coach. They will continue to meet once a month until December. She's lost more than 60 pounds since August 2015. Her blood glucose and A1C levels are now within a normal range. Cathy says she is looking forward to receiving a good report from her primary care physician at her next exam. She gets daily compliments about her weight loss and questions about how she did it. Her answer? "No secrets, just old-fashioned diet and exercise." She hopes she can use her story to help others reach their goals for weight loss and normal blood glucose and A1C levels.



**Kae Cooper**

## Wellness Rewards

Kae is a teacher and project team leader for Learn on Demand at Elizabethtown Community and Technical College. She has chosen to become well, is living a healthier lifestyle, and has lost weight! She attributes much of her success to the HumanaVitality program. She is a platinum status member – the highest status you can receive.

*"I really love the HumanaVitality program."* She was asked how she stays motivated to continue on this journey: *"I'm motivated, I'll be honest....by the money, the Bucks! Being able to earn Bucks is a great thing, and I look at HumanaVitality every day."* She recently lost more than 40 pounds and is hoping to lose more while on her wellness journey. *"You're missing out,"* she says, if you're not part of the HumanaVitality program. *"It's like being paid to get yourself in shape and to get healthy. I'm saving my Bucks for a mini-iPad!"*

Check out Kae and her story at [livingwell.ky.gov](http://livingwell.ky.gov) on the May 13 Well-Cast video.



## Hello, we're CVS Caremark.

**And we're proud to manage the Kentucky Employees' Health Plan Prescription Drug Program.**

**CVS Caremark manages your prescription benefits just like your health insurance company manages your medical benefits. Whether you need medications every day or once a year, we'll help you get the medications you need, when you need them.**



**Here are a few of the ways we help you get your medications and stay on track.**

### **Retail Pharmacy Network**

- Get your medications at any of more than 68,000 retail pharmacies nationwide, including CVS Pharmacy®
- At select retail network pharmacies, you can save money by getting 90-day supplies of the medications you take regularly

### **CVS Caremark Mail Service Pharmacy**

- Get 90-day supplies of the maintenance medications you take regularly and save money
- Have your medications delivered to your home or anywhere you like CVS Specialty Pharmacy
- If you need specialty medications to treat a complex health condition, you can pick up your medications at your local CVS Pharmacy or have them delivered to your home, doctor's office or anywhere you like\*
- Pharmacists and nurses who are specially trained in your condition are only a phone call away Caremark.com
- Check drug costs and find savings opportunities
- Start mail service or find network pharmacies
- Review your coverage, including your Preferred Drug List

### **Download Our Free Mobile App**



- Scan the barcode on your prescription label to quickly and easily refill your medication
- Find network pharmacies
- Check drug costs and track your mail service orders

### **Call Us Anytime at 1-866-601-6934**

- Talk to a CVS Caremark pharmacist or Customer Care representative anytime
- Representatives can answer questions about your prescription benefit plan, get you started with mail service, or help you find a network pharmacy

\*Based on the availability of CVS Pharmacy locations and subject to applicable laws and regulations.

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# Prescription Coverage

## Prescription Coverage

CVS/Caremark administers your prescription drug coverage. Prescription drug coverage is included in all KEHP options.

You may get your prescriptions filled at any of the thousands of pharmacies participating in the CVS/Caremark network. You do not have to use a CVS/Caremark retail pharmacy. Just make sure your pharmacy of choice is participating in the network, so your benefits will be greater. The amount you will pay for your prescription(s) will depend on the plan option you select (LivingWell CDHP, LivingWell PPO, Standard PPO, or Standard CDHP), and whether the prescribed drug is a tier 1 generic, tier 2 preferred brand (formulary), or tier 3 non-preferred brand (non-formulary) drug.

## Formulary/Preferred Drug Listing

The formulary, also called a preferred drug listing, is a list of prescription drugs covered under your plan. The most recent formulary is posted online at [kehpn.ky.gov](http://kehpn.ky.gov). The Pharmacy Summary Plan Descriptions (SPDs) are also located on this website. The SPD provides additional information on prescription coverage such as prior authorization, step therapy, quantity level limit programs, inherited metabolic diseases and specialty pharmacy. If you require a specialty drug to treat chronic, complex diseases such as cancer, multiple sclerosis, or rheumatoid arthritis, you must obtain it from the CVS/Caremark Specialty Pharmacy. KEHP will allow you to receive your initial specialty drug fill through a retail participating pharmacy, but after this initial fill, CVS/Caremark Specialty Pharmacy must fill all remaining prescriptions. Specialty drugs will be delivered to your home.



## Prescription Maintenance and Preventive Therapy Drug Benefits

*There are several money-saving opportunities to be mindful of when filling your prescription drug coverage.*

### Maintenance Drug Benefit

If your physician prescribes a drug classified as a maintenance drug by CVS/Caremark, you may receive a 90-day supply, through participating local retail pharmacies, or through CVS/Caremark mail order. A list of local participating pharmacies can be found at [kehpn.ky.gov](http://kehpn.ky.gov). To qualify for this benefit, the drug must be listed on CVS/Caremark's maintenance drug list. You save money using this benefit if you have a PPO or a CDHP.

#### If you have the:

<i>LivingWell or Standard CDHP</i>	You may benefit from receiving a lower cost when purchasing a larger quantity of medicine.
<i>LivingWell or Standard PPO</i>	You will receive a 90-day supply but only pay for a 60-day supply – just double the co-pay rather than triple the co-pay of a 30-day supply. See the reduced co-payments on the Benefits Grid on <a href="#">page 11</a> .

### Preventive Therapy Drug Benefit

Starting in 2017, CDHPs will bypass the deductible for certain preventive drugs. Members who choose a LivingWell or Standard CDHP will be able to obtain preventive drugs listed on the Preventive Therapy Drug Benefit list and bypass the deductible, paying only the co-insurance amount.

This preventive therapy drug benefit includes preventive therapy drugs that help prevent disease, or help manage existing conditions, helping to avoid further medical complications. You can find a list of the prescriptions on the preventive drug list at [kehpn.ky.gov](http://kehpn.ky.gov).

**For more information,  
call CVS/Caremark at 866-601-6934.**



# Diabetes Benefits

Diabetes is one of KEHP's highest cost medical conditions, with more than one million dollars in claims per year. Diabetes is a serious condition and may have serious complications, but many times these symptoms can be controlled with regular doctor visits and proper medication adherence.

If you have diabetes or are at risk for getting diabetes, KEHP has several programs to help you manage your condition or prevent diabetes. They are:

- The Diabetes Value Benefit to help manage the cost of your diabetes medications and supplies;
- Health plan coverage for Diabetes Self-Management Education (DSME); and
- The Diabetes Prevention Program for members with pre-diabetes.

## Diabetes Value Benefit

Diabetic members will pay a reduced co-pay and co-insurance, with no deductibles, for most all of their maintenance diabetic prescriptions and supplies.

Diabetes Value Benefit*	LivingWell CDHP	LivingWell PPO	Standard PPO	Standard CDHP
<b>30-Day Supply</b>			30%	
<i>Tier 1 – Generic</i>	0%	\$0	\$0	0%
<i>Tier 2 – Preferred</i>	10%	\$25	Min \$10-Max \$40	25%
<i>Tier 3 – Non-Preferred</i>	10%	\$40	Min \$45-Max \$85	25%
<b>90-Day Supply</b> (Retail or Mail Order)			30%	
<i>Tier 1 – Generic</i>	0%	\$0	\$0	0%
<i>Tier 2 – Preferred</i>	10%	\$50	Min \$20-Max \$80	25%
<i>Tier 3 – Non Preferred</i>	10%	\$80	Min \$90-Max \$170	25%

## Diabetes Self-Management Education (DSME)

Diabetes Self-Management Education (DSME) is a proven way, if you have diabetes, to learn the many things you need to know to help manage your condition. If you are diabetic, DSME classes are covered under your health insurance plan, subject to any applicable deductible, co-pay, and co-insurance. These classes provide education on the disease and how it affects your body including how and why changes in physical activity and eating habits are necessary. Education is key for making lifestyle changes. Evidence shows that DSME programs provide the best chance of helping people make needed changes. Talk to your doctor today about attending these classes.

## Diabetes Prevention Program (DPP)

If you meet the criteria of pre-diabetes, you may attend DPP classes. These classes help lower your risk of developing Type 2 Diabetes. You may participate in an approved DPP for free, and you can learn how to improve your health through stress reduction, weight loss, and increased physical activity with the support of a certified lifestyle instructor.

This proven and successful 16-week course meets once per week for one hour. After 16 sessions, you will receive at least six monthly follow-up sessions to help you stay motivated and maintain a healthy lifestyle. If you enroll in and attend DPP classes, you will receive 350 Points through Go365. Let your lifestyle coach know you are a participating Go365 member and they will take care of the process.

# Vitals – Transparency Vendor

**I Can Help You  
Save Money on  
Your Health Care.**

**Plus Earn CASH!  
Call: 1-855-869-2133**



## **vitals**smartshopper®

**Earn Cash When You Call 1-855-869-2133 and Shop for Your Health Care**

When your doctor recommends a medical procedure or test, call Vitals SmartShopper. By shopping with Vitals SmartShopper you get expert, friendly assistance in choosing a high-quality, best-price location for your health care service. You'll save hundreds or even thousands of dollars on your out-of-pocket costs. And even better, because you've selected better-value care, those savings are shared with you in an additional cash reward!

In fact, depending on what medical procedure or test you need, you could earn from \$25 to \$500 in cash rewards. Simply by calling SmartShopper and shopping for your health care!

### **We can help you:**

- Create your Secure SmartShopper Account
- Find the best-priced care for your medical procedure
- Schedule or reschedule your procedure at the location of your choice
- Confirm the amount of your cash reward!

**Health Care Savings and Cash Rewards are Just a Phone Call Away**

# Benefit Fairs

Date	County	Local Time	Location
Oct 3 MONDAY	Franklin*	8:00am-6:00pm	State Office Building Auditorium 501 High St Frankfort, KY 40601
Oct 4 TUESDAY	Jefferson*	8:00am-5:00pm	Ky Fair and Expo Center North Wing 937 Phillips Lane Louisville, KY 40209
Oct 5 WEDNESDAY	Madison	3:30-6:30pm	B. Michael Caudill Middle School Cafeteria 1428 Dr. Robert R. Martin Bypass Richmond, KY 40475
Oct 5 WEDNESDAY	Laurel	2:00-6:00pm	GC Garland Administration Bldg 710 N. Main St London, KY 40741
Oct 6 THURSDAY	Boyd	2:00-6:00pm	Boyd County High School Media and Commons Area 14375 Lions Lane Ashland, KY 41102
Oct 6 THURSDAY	Christian	3:30-6:30pm	Christian County Middle School Library 215 Glass Ave Hopkinsville, KY 42240
Oct 7 FRIDAY	Harlan	2:00-6:00pm	Southeast Community and Technical College Harlan Campus Conference Room 164 Ball Park Rd, Harlan, KY 40831
Oct 10 MONDAY	Hopkins	3:30-6:30pm	Jesse Stuart Elementary 1710 Anton Rd Madisonville, KY 42431
Oct 10 MONDAY	Pike	2:00-6:00pm	Pike County Central High School Cafeteria 100 Winner's Circle Pikeville, KY 41501
Oct 11 TUESDAY	McCracken	2:00-6:00pm	Western KY Community & Technical College Emerging Technology Center Conference Room 109 5100 Alben Barkley Dr Paducah, KY 42002
Oct 13 THURSDAY	Warren	3:00-6:30pm	Drakes Creek Middle School Cafeteria 704 Cypress Wood Way Bowling Green, KY 42104
Oct 13 THURSDAY	Fayette	3:30-6:30pm	Tates Creek High School Cafeteria 1111 Centre Parkway Lexington, KY 40517
Oct 14 FRIDAY	Boone	2:00-6:00pm	Gateway Community & Technical College Center for Advanced Manufacturing Convening Center 500 Technology Way Florence, KY 41042

\*free flu shots available on a first come, first served basis

# Qualifying Events - Changing or Canceling Your Benefits



## When You Need to Change or Cancel Benefits

KEHP is operated as a federally regulated, Section 125 Cafeteria Plan, which enables you to pay your health insurance premiums. In exchange for this benefit, there are only three times you can change or cancel your benefit elections during the plan year:

- During the enrollment period when you first become eligible for benefits;
- During the annual Open Enrollment period; or
- If you experience a life event, referred to as a Qualifying Event.

## What is a Qualifying Event?

- Marriage
- Having or adopting a child
- Divorce
- Loss of other group health insurance
- Legal guardianship or court order
- Gain of other group health insurance
- Spouse has a different Open Enrollment period

## When you have a Qualifying Event

In all cases, any change in your plan option or coverage level must be consistent with the qualifying event. For most events, you must complete a Health Insurance Qualifying Event Form and submit it to your Insurance Coordinator or Human Resource Generalist within 35 calendar days of the event date. If you have a baby or adopt a child, you have 60 calendar days to add the child to your plan. If you are adding additional dependents along with the baby or adopted child, then you have 35 calendar days.

Qualifying events are complicated and, at times, difficult to understand. There are restrictions on the types of changes you may make due to federal qualifying event rules. **If you do not sign and date the required form in a timely manner, you will not be permitted to revise your coverage election until the next Open Enrollment period.** For additional information about qualifying events, contact KRS.

Call our KRS office for the appropriate forms for your particular Qualifying Event. (502) 696-8800 or toll free (800) 928-4646.



**If you do not sign and date the required form in a timely manner, you will not be permitted to revise your coverage election until the next Open Enrollment period.**





# Time to Make Your Decisions



## Who to call for help

Now that you've read through the Benefits Selection Guide, you should have a better understanding of the benefits you need for you and your family. Please make your selections carefully. If you need assistance, see the numbers below.



**888-581-8834**  
**502-564-6534**

*Options below are only available Oct 10-24, 2016*

Option 2 – Benefit questions for Anthem,  
CVS/Caremark or WageWorks

Option 3 – KEHP Member Services & Eligibility

### Open Enrollment Hours for Assistance

Oct. 10 – 14/Monday – Friday 8 am to 6 pm ET

Oct. 15/Saturday 8 am to 1 pm ET

Oct. 17 - 21/Monday – Friday 8 am to 8 pm ET

Oct. 22/Saturday 8 am to 1 pm ET

Oct. 24/Monday 8 am to 6 pm ET

### KEHP Vendors' Phone Numbers

Health Insurance Benefits	Anthem	844-402-KEHP (5347)
Prescription Benefits	CVS/Caremark	866-601-6934
HRA Benefits	WageWorks	877-430-5519
Wellness Information	Go365	855-478-1623
Shopper Discounts	Vitals SmartShopper	855-869-2133

### Retiree Systems' Phone Numbers

LRP and JRP Retiree Questions	Judicial Retirement Plan and Legislators' Retirement Plan	502-564-5310
KCTCS Retiree Questions	Kentucky Community and Technical College System Retirement	859-256-3100
KRS Retiree Questions	Kentucky Retirement Systems	800-928-4646 502-696-8800 kyret.ky.gov
TRS Retiree Questions	Teachers' Retirement System	800-618-1687 502-848-8500 trs.ky.gov

# KEHP Tobacco Use Declaration

## KEHP TOBACCO USE DECLARATION

The Commonwealth of Kentucky is committed to fostering and promoting wellness and health in the workforce. As a part of KEHP's LivingWell wellness program, KEHP offers a monthly discount in premium contribution rates for non-tobacco users. You are eligible for the non-tobacco-user premium contribution rates provided you certify, during the health insurance enrollment process, that you or any other person over the age of 18 to be covered under your plan has not regularly used tobacco within the past six months. "Regularly" means tobacco has been used four or more times per week on average excluding religious or ceremonial uses. "Tobacco" means all tobacco products including, but not limited to, cigarettes, pipes, chewing tobacco, snuff, dip, and any other tobacco products regardless of the frequency or method of use. "KEHP Health Insurance Enrollment Application" refers to any method of enrolling in KEHP health insurance coverage including submitting a paper application, completing and submitting an application online, or enrolling in KEHP health insurance coverage through an online enrollment system.

Whether you complete your KEHP health insurance enrollment online or submit a paper application, you are required to certify that all attestations regarding tobacco use are accurate. By completing the enrollment process, you certify the following:

- 1.** I have truthfully answered all questions in my KEHP Health Insurance Enrollment Application regarding tobacco use by me, my spouse, and my dependents 18 years of age and over. My KEHP Health Insurance Enrollment Application accurately reflects the use of tobacco products in the past six months regarding myself and persons to be covered as a spouse or dependent under my insurance plan.
- 2.** I understand that the tobacco-user premium contribution rates will apply beginning January 1, 2017, if I answered "Yes" to any of the questions in the Tobacco Use Declaration section of my KEHP Health Insurance Enrollment Application.
- 3.** I understand that it is my responsibility to notify KEHP of any changes in my tobacco-use or that of my spouse or a dependent covered under my insurance plan, including notification to KEHP if all tobacco users become ineligible for coverage or are otherwise terminated during the Plan Year. Notification shall be made by completing a Tobacco Use Change Form.
- 4.** I understand that if I or a spouse or dependent to be covered under my insurance plan currently use tobacco products and stop using tobacco products during the Plan Year, I will be eligible for the discount non-tobacco premium contribution rates on the first day of the month following the signature date on the Tobacco Use Change Form certifying that neither I nor my spouse/dependent(s) regularly used tobacco products during the six months prior to completion of the Tobacco Use Change Form.
- 5.** I understand that if I answered "No" to the questions in the Tobacco Use Declaration section of my KEHP Health Insurance Enrollment Application, and either I or a spouse or dependent covered under my insurance plan become a regular tobacco user at any time, I must notify KEHP and my contribution rates will be adjusted to the tobacco-user premium contribution rates on the first day of the month following the signature date on the Tobacco Use Change Form.
- 6.** I understand that the Tobacco Use Declaration is a part of my KEHP application for health insurance coverage. Any person who knowingly, and with the intent to defraud, files an application for insurance containing any materially false information, or who conceals, for the purpose of misleading, information concerning any fact material to the application, commits a fraudulent insurance act which is a crime.
- 7.** I understand that if I fail to complete the Tobacco Use Declaration truthfully, KEHP may adjust my contribution rates retroactively to apply the applicable higher tobacco-user premium contribution rates. Upon written notification, I will pay to KEHP the difference between the tobacco-user and the non-tobacco user premium contribution rates for the period for which I falsely certified eligibility for the non-tobacco user premium contribution rates.
- 8.** The KEHP offers monthly discounted premium contribution rates to non-tobacco users as a part of its LivingWell wellness program. Each KEHP member has at least one opportunity per Plan Year to qualify for the discount. KEHP is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact the Department of Employee Insurance at (888) 581-8834 or (502) 564-6534 and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

# KEHP Terms and Conditions

## KEHP TERMS AND CONDITIONS

Below are the Terms and Conditions for member participation in health insurance coverage through the Kentucky Employees' Health Plan (KEHP or Plan), administered by the Department of Employee Insurance (DEI). For the purposes of this Terms and Conditions document, FSA refers to a Healthcare Flexible Spending Account and a Dependent Care Flexible Spending Account, collectively. A Healthcare Flexible Spending Account will be referred to as a Healthcare FSA. A Dependent Care Flexible Spending Account will be referred to as a Dependent Care FSA.

An Employee/Retiree may affix a signature to a paper copy of the KEHP Health Insurance Enrollment Application or an electronic version of the application. By typing your name on an electronic application or by logging in and using your unique KHRIS User ID and enrolling through the Employee Self-Service portal, you are agreeing to conduct enrollment in KEHP's health insurance coverage by electronic means, thereby creating a legal and binding contract. By affixing your signature in either manner, you understand and agree that:

**A. PLAN YEAR.** The 2017 Plan Year begins January 1, 2017 and ends at midnight on December 31, 2017.

**B. EFFECTIVE DATE OF ELECTIONS.** If you are electing a KEHP plan option or enrolling in an FSA during open enrollment, the plan and FSA will be effective January 1 of the following Plan Year. If you are a new employee or a newly eligible employee electing a KEHP plan option or enrolling in an FSA outside of open enrollment, the plan and/or FSA will be effective the first day of the second month after a new employee or newly eligible employee is eligible to enroll in the health plan or an FSA.

**C. PLAN INFORMATION.** You have read and understand the 2017 KEHP Benefits Selection Guide (BSG). Plan rules and limitations are contained in the KEHP Summary Plan Descriptions (SPD) or Medical Benefit Booklets (MBB) and the Summary of Benefits and Coverage (SBC). All KEHP benefits for your eligible dependents and you will be provided in accordance with the limitations in the SPDs, MBBs, BSG, and SBCs. You will abide by all terms and conditions governing participation in an FSA and as set forth in the SPD, and by all terms and conditions governing membership and receipt of services from the plan in which you have enrolled and as set forth in the SPD and MBB. In the event of a conflict between the terms of coverage stated in the SPDs, the MBBs, the BSG, and the SBCs, the terms of coverage stated in the SPDs or MBBs will govern.

**D. THIRD PARTY ADMINISTRATORS.** KEHP uses third parties, including Anthem, CVS/Caremark, and WageWorks to provide certain administrative functions. KEHP may communicate with you directly or through these third parties about your coverage, your benefits, or health-related products or services provided by or included in KEHP's plan of benefits.

**E. CROSS-REFERENCE.** If your spouse and you elect the cross-reference payment option, you are planholders with family coverage, and upon a loss of eligibility by either spouse, the remaining planholder will default to a parent plus coverage level. The cross-reference payment option ceases upon loss of eligibility or employment by either spouse/planholder.

**F. DEPENDENT ELIGIBILITY.** You certify that each enrolled dependent meets KEHP's dependent eligibility requirements as set forth in the SPD and/or the MBB. DEI may require supporting documentation to verify the eligibility of any dependent enrolled or requesting to be enrolled in the Plan.

**G. CHANGING ELECTIONS.** The elections indicated by your KEHP Health Insurance Enrollment Application or online enrollment may not be changed or canceled during the Plan Year without a permitted Qualifying Event.

**H. DEDUCTION FROM EARNINGS.** Enrollment in an FSA is voluntary. When you enroll in an FSA, you authorize your employer to deduct from your earnings the amount required to cover your employee contribution to the FSA you have selected, including any arrears you may owe. When you enroll in a health plan, you authorize your employer to deduct from your earnings the amount required to cover your employee share of the premium contribution for the plan option you have selected, including any arrears you may owe. Deductions for FSA and employee premium contributions will be made on a pre-tax basis unless you sign a Post-Tax Request Form.

**I. PRIORITY OF PAYMENTS.** Any payment submitted to KEHP that you intend to be used to fund your FSA and any premium payment submitted to KEHP that you intend to be used to pay for your health insurance premium contributions may first be used to pay other priority debts that may be due and owing such as taxes and child support.

**J. DEPENDENT CARE FSA.** If you choose a Dependent Care FSA, you are eligible to seek reimbursement, as authorized by 26 U.S.C. Sections 21 and 129, for dependent care expenses. The Dependent Care FSA may only reimburse eligible dependent care expenses that are incurred during the applicable coverage period.

**K. FSA CARRYOVER.** Unused amounts of \$50 and up to a maximum of \$500.00 remaining in your Healthcare FSA at the end of the Plan Year will carry over to the next Plan Year and may be used to reimburse you for medical expenses that are incurred during the subsequent Plan Year.

**L. WAGeworks HEALTHCARE CARD.** WageWorks will administer FSAs and HRAs for the 2017 Plan Year and will issue a WageWorks Healthcare Card to you for the payment of Healthcare FSA and HRA expenses. Your WageWorks Healthcare Card will be suspended if requested claim verification is not sent to WageWorks within ninety (90) days after the card swipe. You agree to follow all rules and guidelines established by the Plan concerning the WageWorks Healthcare Card. The Plan reserves the right to deny access to the card, require repayment, deduct/ withhold from my paycheck, and offset your Healthcare FSA or HRA if you fail to properly verify a claim.

**M. WAIVING HEALTH INSURANCE COVERAGE.** If you elect to waive KEHP health insurance coverage, with or without a Waiver Health Reimbursement Arrangement (HRA), you are doing so voluntarily. If your employer participates in the Waiver HRA program, there are two options available: the Waiver General Purpose HRA and the Waiver Dental/Vision Only HRA. You understand that you will be eligible for the Waiver General Purpose HRA only if you have other group health plan coverage. You further understand that your spouse and eligible dependents, if applicable, cannot be covered under the Waiver General Purpose HRA unless your spouse and dependents also have other group health plan coverage.

# KEHP Terms and Conditions

**N. WAIVER GENERAL PURPOSE HRA RULES.** If you elect a Waiver General Purpose HRA, you declare that you and your spouse and dependents, if applicable, are enrolled in another group health plan that provides minimum value. A “group health plan” refers to coverage provided by an employer, an employer organization, or a union. A “group health plan” does not include individual policies purchased through the Marketplace or governmental plans such as TRICARE, Veteran’s Benefits, Medicare, or Medicaid. A group health plan that provides “minimum value” means the plan pays at least 60% of the total allowed cost of covered benefits/services and participants or members in the plan are required to pay no more than 40% of the total allowed cost of covered benefits/services. If you elect a Waiver General Purpose HRA and cease to be covered under another group health plan that provides minimum value, you agree to notify KEHP within 35 days of the date that the other group health plan coverage ceased. In this event, coverage under the Waiver General Purpose HRA will be terminated and you may elect a KEHP health insurance plan option or the Waiver Dental/Vision Only HRA. You are permitted to permanently opt out of and waive future reimbursements from the Waiver General Purpose HRA at least annually at open enrollment.

**O. HRA CARRYOVER.** Unused amounts up to and including \$7,500 remaining in your HRA at the end of the Plan Year may be carried over to the next Plan Year provided you are eligible to elect an HRA. You must elect the same type of HRA in a subsequent Plan Year for the funds to carry over.

**P. WAIVER HRA FUNDS AFTER TERMINATION.** Any funds remaining in a Waiver HRA after termination may be used to reimburse you for eligible expenses incurred prior to termination of the Waiver HRA. Upon termination of employment, the remaining amounts in a Waiver HRA are forfeited, except that you may be reimbursed for any eligible medical expenses incurred prior to the last day of the last pay period worked, provided that you file a claim by March 31 following the close of the Plan Year in which the expense was incurred.

**Q. HRA AND FSA EXPENSE REIMBURSEMENT.** An HRA and/or Healthcare FSA may only reimburse you for medical expenses, as authorized by 26 U.S.C. Sections 105(b) and 213(d), that are incurred during the applicable coverage period. The Waiver Dental/Vision Only HRA may only reimburse you for eligible dental and vision expenses. Pursuant to federal law, the cost of over-the-counter medicines (other than insulin and those prescribed by a doctor) may not be reimbursed through your HRA or Healthcare FSA.

**R. HRA AND FSA RUN-OUT PERIOD.** You have a 90-day run-out period (until March 31) for reimbursement of eligible FSA and HRA expenses incurred during the period of coverage.

**S. MINIMUM ESSENTIAL COVERAGE.** KEHP provides plan options that, under the Affordable Care Act, constitute minimum essential coverage that is affordable and provides a minimum value. As such, by receiving an offer of coverage through your employer, you are not eligible for a health insurance premium tax credit if purchasing insurance through the Marketplace. In addition, if you decline coverage for your spouse or dependent, your spouse or dependent will not be eligible for a health insurance premium tax credit if purchasing insurance through the Marketplace.

**T. COORDINATION OF KEHP HEALTH PLANS AND MEDICARE COVERAGE.** The four KEHP plan options and the Waiver General Purpose HRA must pay primary to Medicare. The Waiver Dental/ Vision Only HRA pays secondary to Medicare.

**U. TOBACCO USE DECLARATION.** You have reviewed the KEHP Tobacco Use Declaration and have truthfully answered all questions in your KEHP Health Insurance Enrollment Application regarding tobacco use by you, your spouse, and your dependents over the age of 18.

**V. LIVINGWELL PROMISE.** KEHP’s LivingWell wellness program includes the KEHP LivingWell plan options. If you have chosen one of the KEHP LivingWell plan options, you agree to fulfill a LivingWell Promise. A new federal law requires KEHP to change how members are rewarded for participation in the LivingWell wellness program. If you enrolled in a LivingWell Plan option for 2016 and you fulfilled your LivingWell Promise, you will receive a monthly premium discount of \$40.00 during 2017. If you enrolled in a LivingWell Plan option for 2016 and you did not fulfill your LivingWell Promise, you will not receive a monthly premium discount of \$40.00 during 2017. If you enroll in either the LivingWell CDHP or LivingWell PPO plan options for 2017, you must complete (1) an online Go365 Health Assessment; OR (2) a biometric screening between January 1, 2017, through July 1, 2017. If you are a new employee and you choose a LivingWell plan option outside of open enrollment, you must complete the Health Assessment OR biometric screening within 90 days of your coverage effective date.

**W. HIPAA.** You have rights under HIPAA regarding the protection of your health information. KEHP will comply with the HIPAA Privacy and Security rules, and uses and disclosures of your protected health information will be in accordance with federal law. KEHP may use and disclose such information to business associates or other third parties only in accordance with KEHP’s Notice of Privacy Practices available at [kehp.ky.gov](http://kehp.ky.gov).

**X. FRAUD WARNING.** Any person who knowingly, and with the intent to defraud, files an application for insurance containing any materially false information (including a forged signature or incorrect signature date), or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime. You can be held responsible for any fraudulent act that you could have prevented while acting within your duties related to the KEHP, and it may be used to reduce or deny a claim or to terminate my coverage.

**Y. ACKNOWLEDGMENT.** You have fully read the KEHP Terms and Conditions, the KEHP Legal Notices, and the KEHP Tobacco Use Declaration. Your signature on the KEHP Health Insurance Enrollment Application or your electronic signature used for online enrollment certifies that all information provided during this enrollment opportunity is correct to the best of your knowledge.

**Z. EXCEPTIONS MAY APPLY.** Exceptions may apply to employees of certain employers participating in KEHP and to KTRS, KRS, LRP, and JRP retirees. Please refer to the participation rules of your employer or retirement system for further information.



# KEHP's New Wellness Director



## **Former UK Basketball Player New KEHP Wellness Director**

Hello everyone, I'm Twany Beckham and I'm the new Wellness Director for the Kentucky Employees' Health Plan (KEHP). I'm excited for this opportunity to travel across the state, meeting you and helping you make the best use of our plan's many wellness benefits offered by Go365 (formerly HumanaVitality) and our other vendors.

I was born in Louisville and raised by a single mother with three boys in the inner city. Growing up, I quickly found a love and passion for playing sports, especially basketball. In high school, I was a three-year starter for the Ballard High School basketball team, and in 2007, I was selected as a member of the Kentucky All-Star Team.

I earned a basketball scholarship to Mississippi State, and after two and a half seasons, transferred to the University of Kentucky. At UK, I was a member of the 2012 National Championship Basketball Team and an All-SEC Academic performing student.

## **Overcoming adversity**

Throughout my athletic career, I encountered several unexpected injuries that sidelined me from playing the sport I loved. My freshman year at Mississippi State, I suffered a fractured foot just days before our first basketball game. The following year, I was diagnosed with bone spurs on both hips and underwent double hip surgery. Then, just weeks before my senior season was to begin at the University of Kentucky, I woke up not able to move my legs. An MRI revealed a bulging disk in my back. After surgery on my back, I had to fight to learn how to walk again. I truly believe that if I had taken care of my body and focused more on my overall health, some of my unexpected injuries could have been avoided.

Despite the injuries and surgeries, I managed to keep a positive attitude and to continuously educate myself on how to be healthier. Since 2013, I've had the opportunity to share my story of overcoming adversity with many people across the state. The adversity I've faced - whether based on my beginnings in West Louisville or the painful injuries I experienced as an athlete - are probably not that different than the challenges you face.

## **Preventing illness, not just treating sickness**

Webster's Dictionary defines wellness as "an approach to healthcare that emphasizes preventing illness and prolonging life, as opposed to emphasizing treating diseases." As your Wellness Director, I want to do just that. I want us to deliberately and actively focus on preventing illness, not just treating sickness.

I'm looking forward to getting out and learning about you and sharing the knowledge I've gained about living a healthy lifestyle. Many of us face different struggles in our lives and living healthy can sometimes be challenging. It's easy to make excuses as to why we cannot live a healthier lifestyle. But with your dedication and hard work, you and I together can make Kentucky one healthy place to live!!

# NONHAZARDOUS

## Percentage Contribution Premium Calculation Worksheet

### Use this Health Insurance form if:

- You are Nonhazardous.
- You are a retiree or a beneficiary receiving benefits.
- Your participation date with KRS was **PRIOR** to July 1, 2003.

## 1. Select Plan

Select one. Determine your monthly premium beginning January 1, 2017.

Plan Option	Single	Parent Plus	Couple	Family	Family X-Ref*
LivingWell CDHP	\$702.10	\$967.18	\$1,302.74	\$1,453.94	\$810.00
LivingWell PPO	\$721.14	\$1,023.04	\$1,564.20	\$1,738.40	\$865.64
Standard PPO	\$678.22	\$964.58	\$1,477.72	\$1,644.22	\$815.50
Standard CDHP	\$663.80	\$930.94	\$1,431.76	\$1,594.52	\$793.18

\* Retiree Portion. If you need assistance calculating your family cross-reference premium, contact KRS. You must contact your spouse's insurance coordinator of information for spouse's portion of the premium.

Box 1

## 2. Service Credit

Subtract the following, based upon your months of service.

Applicant's months of Service			
240+ months or more	LivingWell CDHP	\$702.10	
Contribution based on Plan selected	LivingWell PPO	\$721.14	
	Standard PPO	\$678.22	
	Standard CDHP	\$663.80	
180 - 239 months		\$540.86	
120 - 179 months		\$360.57	
48 - 119 months		\$180.29	
0 - 47 months		\$0	

Box 2

Your Subtotal before fees  
Box 1 subtract Box 2

## 3. Tobacco Status

Select one, based upon tobacco usage in the past six months. If you are a tobacco user, you will be required to pay the amount in box 3.

Non-tobacco user	+\$0.00
Retiree or beneficiary uses tobacco selecting Single coverage	+\$40.00
Retiree or beneficiary uses tobacco selecting Family, Parent Plus, or Couple coverage	+\$80.00

Box 3

Box 4

## 4. LivingWell Promise

Select one, based upon enrollment in LivingWell Plan. If you did not fulfill the LivingWell Promise for plan year 2016, you will be required to pay amount in Box 4 if you select a LivingWell Plan for 2017.

Promise Completed	+\$0.00
Applicant failed to complete Promise	+\$40.00

**Notes:** KRS does not pay a contribution for coverage on behalf of a beneficiary receiving a monthly retirement benefit. Beneficiaries obtaining coverage should enter "\$0.00" in Box 2. Exception: If you are a spouse beneficiary or a dependent child receiving a monthly benefit under the Fred Capps Memorial Act, contact KRS.

**TOTAL**  
**Monthly Premium**  
Box 1 subtract Box 2  
+ Box 3 + Box 4



## HAZARDOUS DUTY RETIREES WITH HEALTH INSURANCE DEPENDENTS

***You must file a FORM 6256 every year. You need to provide documentation for your legal spouse or eligible dependents if it is not already on file with KRS.***

**CHILD:** If your dependent child is between the ages of 18 and 22, you will need to complete Form 6256 (page 49). A Birth certificate or other supporting documentation will be required if not on file.

**SPOUSE:** You will need to complete Form 6256 (page 49). A marriage certificate or other supporting documentation will be required if not on file.

### **NOTE: YOU MUST FILL OUT FORM 6256 EVERY YEAR DEADLINE 12/31/2016**

Hazardous duty retirees **MUST** submit a Form 6256 in order for legal spouse and eligible dependents to receive health insurance contribution. If you fail to submit the Form 6256\* by 12/31/2016, **YOU WILL NOT RECEIVE PREMIUM CONTRIBUTIONS** for your legal spouse or eligible dependents. If you submit the form after Jan 1, you will only receive reimbursement of premiums for the 90 days prior to the receipt of the Form 6256\* in Plan Year 2017.

***Example: If you submit the form June 3, 2017, you will receive reimbursement for March - May 2017.***

#### **\*FORM 6256**

Designation Of Spouse and/or Dependent Child for Health Insurance Certification of Dependent Eligibility on Page 49.

## **Dependent Eligibility & Verification for Health Insurance For Hazardous Duty Retirees with Health Insurance Dependents**

**Children Eligible for Coverage and Premium Contributions:** For Plan Year 2017, the spouse and each dependent child of retired hazardous members of KERS, CERS, and SPRS, as well as some disabled members, may be eligible to receive an insurance contribution based upon the retired member's service. Pursuant to KRS 16.505(17), "Dependent child" means a child in the womb and a natural or legally adopted child of the member who has neither attained age eighteen (18) nor married or who is an unmarried full-time student who has not attained age twenty-two (22). (See 105 KAR 1:410). Retired members with children who do not meet this definition may be able to cover their children under the KEHP plan, but will not receive a contribution amount toward the coverage of those children.

**Establishing Eligibility:** To establish your child's eligibility for the hazardous contribution toward health insurance for 2017, you must certify the child's eligibility on a completed Form 6256, Designation of Spouse and/or Dependent Child for Health Insurance. This certification form must be completed annually to receive the contribution. If you submit the required certification and your child is an eligible "dependent child" pursuant to KRS 16.505(17), the contribution will be made for the applicable plan year. Additionally, you must certify that you will immediately provide KRS written notification when your child no longer qualifies. You will be required to reimburse KRS for premiums paid if you make a false or incorrect certification that a child meets the eligibility requirements or if you fail to immediately notify KRS when a child no longer meets the eligibility requirements.

**Children Eligible for Coverage:** Pursuant to the Affordable Care Act, children are eligible to remain covered by the parent or guardian's health insurance until the first day of the month following their 26th birthday regardless of marital status. Step-children, foster children, and children for whom you have been named guardian may also remain on the plan until the first day of the month following their 26th birthday. (In some cases, disabled dependents can be carried past their 26th birthday.) **Note:** You may continue to cover Hazardous Duty Dependents between the ages of 22-26 as they are eligible for coverage but not eligible for the Premium Contribution. Retiree will be responsible for the additional cost for coverage.

**Spousal Coverage:** If your spouse has health insurance under your account, a Form 6256, Designation of Spouse and/or Dependent Child for Health Insurance must be completed and submitted to KRS before the beginning of each plan year, or immediately following a qualifying event, for your spouse to receive the hazardous contribution toward health insurance for that plan year. If you divorce a spouse who is covered by health insurance under your KRS account, you must notify our office promptly. An ex-spouse is not eligible to remain on your plan. You must submit a new health insurance application with your ex-spouse removed (or a signed written statement to completely cancel a plan) to this office as soon as the divorce is final. A copy of the Dissolution of Marriage must be provided to KRS as soon as that is available. Without proper notification and documentation, you will be required to reimburse KRS for premiums paid on behalf of an ex-spouse who is no longer eligible for health insurance under your account.

# HAZARDOUS Percentage Contribution Premium Calculation Worksheet

## Use this Health Insurance form if:

- You are Hazardous.
- Combined service of Hazardous and Nonhazardous.
- You are a retiree or a beneficiary receiving benefits.
- Your participation date with KRS was **PRIOR** to July 1, 2003.

## 1. Select Plan

Select one. Determine your monthly premium beginning January 1, 2017.

Plan Option	Single	Parent Plus	Couple	Family	Family X-Ref*
LivingWell CDHP	\$702.10	\$967.18	\$1,302.74	\$1,453.94	\$810.00
LivingWell PPO	\$721.14	\$1,023.04	\$1,564.20	\$1,738.40	\$865.64
Standard PPO	\$678.22	\$964.58	\$1,477.72	\$1,644.22	\$815.50
Standard CDHP	\$663.80	\$930.94	\$1,431.76	\$1,594.52	\$793.18

\* Retiree Portion. If you need assistance calculating your family cross-reference premium, contact KRS. If Cross-Reference option is selected and the retiree has a surplus of contribution to cover the retiree's portion of the premium, it will be applied to the spouses portion of the premium.

## 2. Service Credit

Subtract the following, based upon your months of service.

Applicant's months of Service	Contribution <sup>1</sup>
240+ months	\$721.14
180 - 239 months	\$540.86
120 - 179 months	\$360.57
48 - 119 months	\$180.29
0 - 47 months	\$0

<sup>1</sup> KRS does not pay a contribution for coverage on behalf of a beneficiary receiving a monthly retirement benefit. Beneficiaries obtaining coverage should enter "\$0.00" in Box 2. Exception: If you are a spouse beneficiary or a dependent child receiving a monthly benefit under the Fred Capps Memorial Act, contact KRS.

Box 1

Box 2

**PLEASE READ THE  
HAZ NOTICE  
BEFORE CONTINUING  
TO BOX 3**



**HAZARDOUS DUTY RETIREES  
WITH HEALTH INSURANCE  
DEPENDENTS**

**Please see page 35 for more  
Information Changes and  
Contribution Information.**

**You must file a FORM 6256 EVERY YEAR. You need to provide documentation for your legal spouse and eligible dependents if it is not already on file with KRS.**

**CHILD:** If your dependent child is between the ages of 18 and 22, You will need to complete Form 6256 (page 49). A Birth certificate or other supporting documentation will be required if not on file.

**SPOUSE:** You will need to complete Form 6256 (page 49). A marriage certificate or other supporting documentation will be required if not on file.

**Note:** if you fail to notify KRS of changes in your dependent's eligibility (child AND spouse), you will **BE REQUIRED TO REPAY** any insurance benefits paid on behalf of the ineligible person. See page 35.

**Note:** You may continue to cover Hazardous Duty Dependents between the ages of 22-26 as they are eligible for coverage but not eligible for the Premium Contribution. Retiree will be responsible for the additional cost for coverage.



### 3. Spouse & Dependent Coverage

Select one. If you retired **August 1, 1998 or after**, your additional contribution toward Parent Plus, Couple or Family coverage is based upon hazardous duty service credit only. Apply your service credit to the first table on the next page to determine your additional contribution if selecting Parent Plus, Couple or Family coverage. Please enter this value in Box 3.

If you retired **prior to August 1, 1998**, your additional contribution toward Parent Plus, Couple or Family coverage is based upon total service credit. Apply your total service credit to the first table on the next page to determine your additional contribution if selecting Parent Plus, Couple or Family coverage. Please enter this value in Box 3.

Hazardous Service Only <sup>2</sup>	Parent Plus	Couple	Family	Family X-Ref
240+ months	\$301.90	\$843.06	\$1,017.26	\$1,010.14
180 - 239 months	\$226.43	\$632.30	\$762.95	\$757.61
120 - 179 months	\$150.95	\$421.53	\$508.63	\$505.07
48 - 119 months	\$75.48	\$210.77	\$254.32	\$252.54
0 - 47 months	\$0	\$0	\$0	\$0

<sup>2</sup> If you retired prior to August 1, 1998, your additional contribution toward Parent Plus, Couple or Family coverage is based upon total service credit.

Box 3

-

### 4. Tobacco Status

Select one, based upon tobacco usage in the past six months. If you are a tobacco user, you will be required to pay the amount in box 3.

Non-tobacco user	+\$0.00
Retiree or beneficiary uses tobacco selecting Single coverage	+\$40.00
Retiree or beneficiary uses tobacco selecting Family, Parent Plus, or Couple coverage	+\$80.00

Box 4

+

### 5. LivingWell Promise

Select one, based upon enrollment in LivingWell Plan. If you did not fulfill the LivingWell Promise for plan year 2016, you will be required to pay amount in Box 4 if you select a LivingWell Plan for 2017.

Promise Completed	+\$0.00
Applicant failed to complete Promise	+\$40.00

Box 5

+

**Total Monthly Premium**  
**Subtotal (Box 1 - Box 2 - Box 3) + Box 4 + Box 5 = Total**

# DOLLAR CONTRIBUTION Premium Calculation Worksheet

## Use this Health Insurance form if:

- You are either Hazardous or Nonhazardous
- You are a retiree or beneficiary receiving benefits.
- You are Tier 1 with a participation date with KRS **BETWEEN** July 1, 2003 and August 31, 2008. In order to be eligible for health insurance benefits, must have a minimum of 120 months of service.
- You are Tier 2 with a participation date with KRS on or **AFTER** September 1, 2008. In order to be eligible for health insurance benefits, you must have a minimum of 180 months of service.

## 1. Select Plan

Select one. Determine your monthly premium beginning January 1, 2017.

Plan Option	Single	Parent Plus	Couple	Family	Family X-Ref*
LivingWell CDHP	\$702.10	\$967.18	\$1,302.74	\$1,453.94	\$810.00
LivingWell PPO	\$721.14	\$1,023.04	\$1,564.20	\$1,738.40	\$865.64
Standard PPO	\$678.22	\$964.58	\$1,477.72	\$1,644.22	\$815.50
Standard CDHP	\$663.80	\$930.94	\$1,431.76	\$1,594.52	\$793.18

\* Retiree Portion. If you need assistance calculating your family cross-reference premium, contact KRS. You must contact your spouse's insurance coordinator of information for spouse's portion of the premium.

Box 1

## 2. Nonhazardous Service Credit

Subtract the following, based on the calculation of Years of Non-Hazardous Service multiplied by the Health Insurance Dollar Contribution Amount.

Dollar Amount Contribution	X	FULL Years of Nonhazardous Service	=	BOX 2 TOTAL
\$12.99	X		=	

Calculate the KRS Service Credit Dollar Amount by multiplying the Years of Non-Hazardous Service by the Health Insurance Dollar Contribution Amount.

Box 2

## 3. Hazardous Service Credit

Subtract the following, based on the calculation of Years of Hazardous Service multiplied by the Health Insurance Dollar Contribution Amount.

Dollar Amount Contribution	X	FULL Years of Hazardous Service	=	BOX 3 TOTAL
\$19.48	X		=	

Calculate the KRS Service Credit Dollar Amount by multiplying the Years of Service by the Health Insurance Dollar Contribution Amount, using the appropriate Hazardous and Nonhazardous service credit.

Box 3

Your Subtotal  
before fees

Box 1 subtract Box 2 and/or subtract Box 3

## 4. Tobacco Status

Select one, based upon tobacco usage in the past six months. If you are a tobacco user, you will be required to pay the amount in box 3.

<input type="checkbox"/>	Non-tobacco user	+\$0.00
<input type="checkbox"/>	Retiree or beneficiary uses tobacco selecting Single coverage	+\$40.00
<input type="checkbox"/>	Retiree or beneficiary uses tobacco selecting Family, Parent Plus, or Couple coverage	+\$80.00

Box 4



## 5. LivingWell Promise

Select one, based upon enrollment in LivingWell Plan. If you did not fulfill the LivingWell Promise for plan year 2016, you will be required to pay amount in Box 4 if you select a LivingWell Plan for 2017.

<input type="checkbox"/>	Promise Completed	+\$0.00
<input type="checkbox"/>	Applicant failed to complete Promise	+\$40.00

Box 5



**Total Monthly Premium**  
**Subtotal (Box 1 - Box 2 - Box 3) + Box 4 + Box 5 = Total**

**For service in a nonhazardous position, you will receive a monthly dollar contribution of \$12.99 for each year of service per month. The Dollar Contribution will increase by 1.5% on July 1st.**

*EXAMPLE: If you began participating September 1, 2003 in a nonhazardous position, and retired effective October 1, 2013, you would receive \$129.90 per month towards health insurance premiums.*

**For service in a hazardous position, you will receive a monthly contribution of \$19.48 for each year of service per month. The Dollar Contribution will increase by 1.5% on July 1st.**

*EXAMPLE: If you began participating September 1, 2003 in a hazardous position, and retired effective October 1, 2013 you would receive \$194.80 per month towards health insurance premiums.*

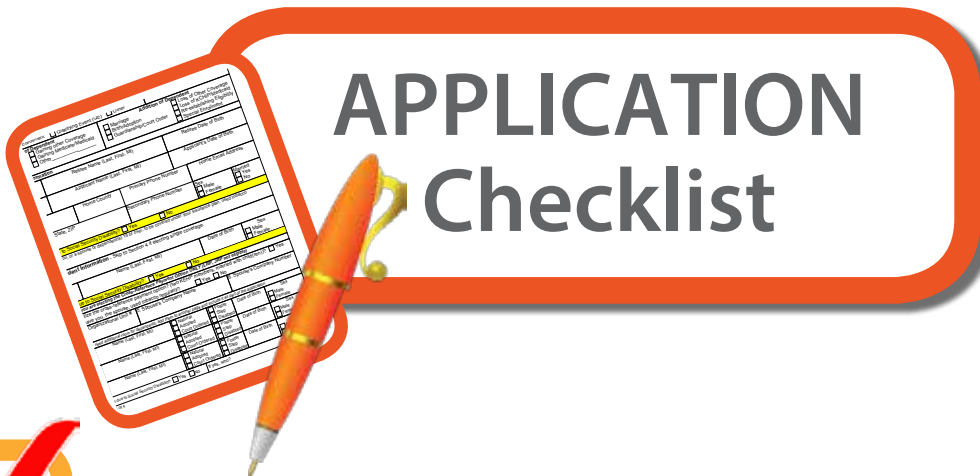
**If you have hazardous and nonhazardous service, you will receive contribution based on the amount of full years of service for each.**

*EXAMPLE: If you began participating September 1, 2003 in a nonhazardous position until September 30, 2008 (5 years x \$12.99 = \$64.95), and then began participating October 1, 2008 in a hazardous position, and retired effective November 1, 2013 (5 years x \$19.48 = \$97.40), you will receive \$162.35 per month towards health insurance premiums (\$64.95 + \$97.40 = \$162.35).*

**If you have a partial year of hazardous service and a partial year of nonhazardous service, they can be combined to equal a full year, you will receive 1 year of nonhazardous service.**

*EXAMPLE: If you have 9 years and 6 months of nonhazardous service and 6 months of hazardous service, your insurance contribution will be based on 10 years of nonhazardous service. You will receive \$129.90 per month towards health insurance premiums.*

**If you are receiving a monthly retirement benefit, that qualifies you to receive a Health Insurance Percentage contribution and also receiving a monthly retirement benefit that qualifies you to receive a Health Insurance Dollar contribution, please contact the Retirement office for help calculating your cost.**



# APPLICATION Checklist



## BEFORE YOU SEND IN YOUR APPLICATION:

- ☐ 1. Make sure all questions are answered.
- ☐ 2. All 2 pages must be returned.
- ☐ 3. A signature is required on page 2. If the retiree is not the planholder then both the retiree and the planholder must sign.
- ☐ 4. Failure to submit a completed application could result in a delay of benefits and receipt of insurance cards.

PAPER APPLICATION  
**THIS WAY**





Form 6200  
Revised 08/2016

Print Form

## 2017 RETIREE HEALTH INSURANCE ENROLLMENT/CHANGE APPLICATION

<b>Section 1: To Be Completed by Insurance Coordinator</b>									
KHRIS Personnel Number				Hazardous Duty <input type="checkbox"/>		Date of Retirement		Coverage Effective Date	
<input type="checkbox"/> KRS 80000 10006416		<input type="checkbox"/> TRS 85000 10006418		<input type="checkbox"/> KCTCRS 81000 10006417		<input type="checkbox"/> JRP 86000 10006419		<input type="checkbox"/> LRP 87000 10006420	
KRS Only:		<input type="checkbox"/> KRS-KERS		<input type="checkbox"/> CERS - Oth.Ag		<input type="checkbox"/> KRS-SPRS			
<b>Section 2: Demographic Information</b>									
Retiree's SSN		Retiree's Name (Last, First, MI)				Retiree's Date of Birth			
Applicant's SSN		Applicant's Name (Last, First, MI)				Applicant's Date of Birth			
Street Address				Primary Phone #			Secondary Phone #		
City, State, ZIP			County		Home Email Address				
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female					Married: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you Medicare eligible due to Social Security disability? <input type="checkbox"/> Yes <input type="checkbox"/> No									
<b>Section 3: Spouse/Dependent Information - Skip to Section 5 if electing single coverage.</b>									
Spouse's SSN		Spouse's Name (Last, First, MI)			Date of Birth (mm/dd/yyyy)		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		
Is Spouse Medicare eligible due to Social Security disability? <input type="checkbox"/> Yes <input type="checkbox"/> No									
<input type="checkbox"/> I wish to utilize the Cross-reference payment option (two KEHP members, married with children - no LRP or JRP).									
KRS Only:		<input type="checkbox"/> KRS-KERS		<input type="checkbox"/> CERS - Oth.Ag		<input type="checkbox"/> KRS-SPRS			
Spouse's Date of Hire/Retirement			Spouse's Organizational Unit #			Spouse's Company #			
Spouse Home Email Address					Spouse Work Email Address				
<b>Section 4: Dependent Information</b> Are any dependents Medicare eligible due to Social Security disability? If yes, who? <input type="checkbox"/> Yes <input type="checkbox"/> No									
Child #1 SSN	Name (Last, First, MI)	<input type="checkbox"/> Natural <input type="checkbox"/> Adopted <input type="checkbox"/> Court Ordered	<input type="checkbox"/> Foster <input type="checkbox"/> Step <input type="checkbox"/> Disabled	Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Tobacco User			
Child #2 SSN	Name (Last, First, MI)	<input type="checkbox"/> Natural <input type="checkbox"/> Adopted <input type="checkbox"/> Court Ordered	<input type="checkbox"/> Foster <input type="checkbox"/> Step <input type="checkbox"/> Disabled	Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Tobacco User			
Child #3 SSN	Name (Last, First, MI)	<input type="checkbox"/> Natural <input type="checkbox"/> Adopted <input type="checkbox"/> Court Ordered	<input type="checkbox"/> Foster <input type="checkbox"/> Step <input type="checkbox"/> Disabled	Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Tobacco User			
Child #4 SSN	Name (Last, First, MI)	<input type="checkbox"/> Natural <input type="checkbox"/> Adopted <input type="checkbox"/> Court Ordered	<input type="checkbox"/> Foster <input type="checkbox"/> Step <input type="checkbox"/> Disabled	Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Tobacco User			
Child #5 SSN	Name (Last, First, MI)	<input type="checkbox"/> Natural <input type="checkbox"/> Adopted <input type="checkbox"/> Court Ordered	<input type="checkbox"/> Foster <input type="checkbox"/> Step <input type="checkbox"/> Disabled	Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Tobacco User			
Child #6 SSN	Name (Last, First, MI)	<input type="checkbox"/> Natural <input type="checkbox"/> Adopted <input type="checkbox"/> Court Ordered	<input type="checkbox"/> Foster <input type="checkbox"/> Step <input type="checkbox"/> Disabled	Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Tobacco User			

Retiree's SSN:

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Applicant's SSN:

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**Section 5: TOBACCO USE DECLARATION** Rules governing the Tobacco Use Declaration can be found in your Benefits Selection Guide or at [kehpn.ky.gov](http://kehpn.ky.gov). You are eligible for the non-tobacco user premium contribution rates provided you certify that you or any other person to be covered under your plan has not regularly used tobacco within the past six months.

Planholder: Within the past 6 months, have you used tobacco regularly?

☐ Yes ☐ No

Has your spouse, if covered under this plan, used tobacco regularly within the past 6 months?

☐ Yes ☐ No

Have any children covered under this plan age 18 or older used tobacco regularly within the past 6 months?

☐ Yes ☐ No

### Section 6: Coverage Level

☐ Single (self only)

☐ Parent Plus (self and child(ren))

☐ Couple (self and spouse)

☐ Family (self, spouse and child(ren))

### Section 7: Plan Options

☐ LivingWell CDHP

☐ LivingWell PPO

☐ Standard PPO

☐ Standard CDHP

☐ Default Standard PPO - INSURANCE COORDINATOR USE ONLY

☐ Waive Coverage, No HRA - without \$ Reason for Waiving: \_\_\_\_\_

### Section 8: LivingWell Promise (required for selecting a LivingWell Plan)

I agree to the LivingWell Promise. Electing a LivingWell Promise plan in 2017 means you are required to complete either the ☐ Go365 Health Assessment (HA) or biometric screening from January 1, 2017 through July 1, 2017. Instructions on fulfilling your promise can be found at [LivingWell.ky.gov](http://LivingWell.ky.gov).

### Section 9: Signatures - Please submit this application to your Company Insurance Coordinator

By signing this application, I certify that the information provided in this application is true and correct to the best of my knowledge. I also certify that I have read, understand and agree to the Terms and Conditions of participation in the KEHP, the KEHP Legal Notices, and the Tobacco Use Declaration. These documents can be found in your benefits Selection Guide or online at [kehpn.ky.gov](http://kehpn.ky.gov).

By typing my name in the space provided below, I am signing this application electronically and am agreeing to conduct this transaction by electronic means.

Employee/Retiree Signature

Date

Applicant Signature

Date

Spouse Signature - REQUIRED if electing the cross-reference payment option

Date

IC/HRG Signature

Date

IC/HRG Printed Name

IC/HRG Phone Number

Spouse's IC/HRG Signature - REQUIRED if electing the cross-reference payment option

Date

Spouse's IC/HRG Printed Name

Spouse's IC/HRG Phone Number



Form 6200  
Revised 08/2016

Print Form

## 2017 RETIREE HEALTH INSURANCE ENROLLMENT/CHANGE APPLICATION

<b>Section 1: To Be Completed by Insurance Coordinator</b>									
KHRIS Personnel Number				Hazardous Duty <input type="checkbox"/>		Date of Retirement		Coverage Effective Date	
<input type="checkbox"/> KRS 80000 10006416		<input type="checkbox"/> TRS 85000 10006418		<input type="checkbox"/> KCTCRS 81000 10006417		<input type="checkbox"/> JRP 86000 10006419		<input type="checkbox"/> LRP 87000 10006420	
KRS Only:		<input type="checkbox"/> KRS-KERS		<input type="checkbox"/> CERS - Oth.Ag		<input type="checkbox"/> KRS-SPRS			
<b>Section 2: Demographic Information</b>									
Retiree's SSN			Retiree's Name (Last, First, MI)				Retiree's Date of Birth		
Applicant's SSN			Applicant's Name (Last, First, MI)				Applicant's Date of Birth		
Street Address				Primary Phone #			Secondary Phone #		
City, State, ZIP			County		Home Email Address				
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female					Married: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you Medicare eligible due to Social Security disability? <input type="checkbox"/> Yes <input type="checkbox"/> No									
<b>Section 3: Spouse/Dependent Information - Skip to Section 5 if electing single coverage.</b>									
Spouse's SSN		Spouse's Name (Last, First, MI)			Date of Birth (mm/dd/yyyy)		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		
Is Spouse Medicare eligible due to Social Security disability? <input type="checkbox"/> Yes <input type="checkbox"/> No									
<input type="checkbox"/> I wish to utilize the Cross-reference payment option (two KEHP members, married with children - no LRP or JRP).									
KRS Only:		<input type="checkbox"/> KRS-KERS		<input type="checkbox"/> CERS - Oth.Ag		<input type="checkbox"/> KRS-SPRS			
Spouse's Date of Hire/Retirement			Spouse's Organizational Unit #			Spouse's Company #			
Spouse Home Email Address					Spouse Work Email Address				
<b>Section 4: Dependent Information</b> Are any dependents Medicare eligible due to Social Security disability? If yes, who? <input type="checkbox"/> Yes <input type="checkbox"/> No									
Child #1 SSN	Name (Last, First, MI)	<input type="checkbox"/> Natural <input type="checkbox"/> Adopted <input type="checkbox"/> Court Ordered	<input type="checkbox"/> Foster <input type="checkbox"/> Step <input type="checkbox"/> Disabled	Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Tobacco User			
Child #2 SSN	Name (Last, First, MI)	<input type="checkbox"/> Natural <input type="checkbox"/> Adopted <input type="checkbox"/> Court Ordered	<input type="checkbox"/> Foster <input type="checkbox"/> Step <input type="checkbox"/> Disabled	Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Tobacco User			
Child #3 SSN	Name (Last, First, MI)	<input type="checkbox"/> Natural <input type="checkbox"/> Adopted <input type="checkbox"/> Court Ordered	<input type="checkbox"/> Foster <input type="checkbox"/> Step <input type="checkbox"/> Disabled	Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Tobacco User			
Child #4 SSN	Name (Last, First, MI)	<input type="checkbox"/> Natural <input type="checkbox"/> Adopted <input type="checkbox"/> Court Ordered	<input type="checkbox"/> Foster <input type="checkbox"/> Step <input type="checkbox"/> Disabled	Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Tobacco User			
Child #5 SSN	Name (Last, First, MI)	<input type="checkbox"/> Natural <input type="checkbox"/> Adopted <input type="checkbox"/> Court Ordered	<input type="checkbox"/> Foster <input type="checkbox"/> Step <input type="checkbox"/> Disabled	Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Tobacco User			
Child #6 SSN	Name (Last, First, MI)	<input type="checkbox"/> Natural <input type="checkbox"/> Adopted <input type="checkbox"/> Court Ordered	<input type="checkbox"/> Foster <input type="checkbox"/> Step <input type="checkbox"/> Disabled	Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Tobacco User			

Retiree's SSN:

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Applicant's SSN:

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**Section 5: TOBACCO USE DECLARATION** Rules governing the Tobacco Use Declaration can be found in your Benefits Selection Guide or at [kehpnky.gov](http://kehpnky.gov). You are eligible for the non-tobacco user premium contribution rates provided you certify that you or any other person to be covered under your plan has not regularly used tobacco within the past six months.

Planholder: Within the past 6 months, have you used tobacco regularly?

☐ Yes ☐ No

Has your spouse, if covered under this plan, used tobacco regularly within the past 6 months?

☐ Yes ☐ No

Have any children covered under this plan age 18 or older used tobacco regularly within the past 6 months?

☐ Yes ☐ No

### Section 6: Coverage Level

☐ Single (self only)

☐ Parent Plus (self and child(ren))

☐ Couple (self and spouse)

☐ Family (self, spouse and child(ren))

### Section 7: Plan Options

☐ LivingWell CDHP

☐ LivingWell PPO

☐ Standard PPO

☐ Standard CDHP

☐ Default Standard PPO - INSURANCE COORDINATOR USE ONLY

☐ Waive Coverage, No HRA - without \$

Reason for Waiving: \_\_\_\_\_

### Section 8: LivingWell Promise (required for selecting a LivingWell Plan)

I agree to the LivingWell Promise. Electing a LivingWell Promise plan in 2017 means you are required to complete either the ☐ Go365 Health Assessment (HA) or biometric screening from January 1, 2017 through July 1, 2017. Instructions on fulfilling your promise can be found at [LivingWell.ky.gov](http://LivingWell.ky.gov).

### Section 9: Signatures - Please submit this application to your Company Insurance Coordinator

By signing this application, I certify that the information provided in this application is true and correct to the best of my knowledge. I also certify that I have read, understand and agree to the Terms and Conditions of participation in the KEHP, the KEHP Legal Notices, and the Tobacco Use Declaration. These documents can be found in your benefits Selection Guide or online at [kehpnky.gov](http://kehpnky.gov).

By typing my name in the space provided below, I am signing this application electronically and am agreeing to conduct this transaction by electronic means.

Employee/Retiree Signature

Date

Applicant Signature

Date

Spouse Signature - REQUIRED if electing the cross-reference payment option

Date

IC/HRG Signature

Date

IC/HRG Printed Name

IC/HRG Phone Number

Spouse's IC/HRG Signature - REQUIRED if electing the cross-reference payment option

Date

Spouse's IC/HRG Printed Name

Spouse's IC/HRG Phone Number







**Kentucky Retirement Systems**

Perimeter Park West • 1260 Louisville Rd. • Frankfort KY 40601-6124  
Phone: (502) 696-8800 • Fax: (502) 696-8822 • [kyret.ky.gov](http://kyret.ky.gov)

[Print Form](#)

**Form 6256**  
Revised 9/2015

**Designation of Spouse and/or Dependent Child for Health Insurance**

Complete this form if you are a General Assembly Retiree, Hazardous Duty Retiree, Surviving Spouse Beneficiary receiving General Assembly, Hazardous Duty, or duty related benefits under the Fred Capps Memorial Act and electing to cover a spouse and/or dependent child on health insurance.

**Member Information** Please provide your Member ID or Social Security Number in the Member ID box below

Recipient Name:		Recipient ID:	
Address:	City:	State:	Zip Code:
Phone Number:	Is this a new address? <input type="radio"/> Yes <input type="radio"/> No		

**If you are beneficiary to the account please provide the member's name and Member ID below**

Member Name:	Member ID:
--------------	------------

**Spouse Information**

Spouse Name:	Social Security Number:	Spouse Date of Birth:
Address:	City:	State: Zip Code:

**Dependent Information**

Dependent Name:	Social Security Number:	Dependent Date of Birth:
Address:	City:	State: Zip Code:

Relationship to Member: ☐ Natural Child ☐ Adopted ChildIs this dependent married or has this dependent been married previously? ☐ Yes ☐ NoIs this dependent age 18 or older? ☐ Yes ☐ NoIs this dependent a full time student? ☐ Yes ☐ No**Dependent Information**

Dependent Name:	Social Security Number:	Dependent Date of Birth:
Address:	City:	State: Zip Code:

Relationship to Member: ☐ Natural Child ☐ Adopted ChildIs this dependent married or has this dependent been married previously? ☐ Yes ☐ NoIs this dependent age 18 or older? ☐ Yes ☐ NoIs this dependent a full time student? ☐ Yes ☐ No

**Dependent Information**

Dependent Name:	Social Security Number:	Dependent Date of Birth:	
Address:	City:	State:	Zip Code:

Relationship to Member:      ☐ Natural Child              ☐ Adopted ChildIs this dependent married or has this dependent been married previously?      ☐ Yes              ☐ NoIs this dependent age 18 or older?              ☐ Yes              ☐ NoIs this dependent a full time student?              ☐ Yes              ☐ No**Dependent Information**

Dependent Name:	Social Security Number:	Dependent Date of Birth:	
Address:	City:	State:	Zip Code:

Relationship to Member:      ☐ Natural Child              ☐ Adopted ChildIs this dependent married or has this dependent been married previously?      ☐ Yes              ☐ NoIs this dependent age 18 or older?              ☐ Yes              ☐ NoIs this dependent a full time student?              ☐ Yes              ☐ No**Certification**

I, \_\_\_\_\_, do hereby certify that the person(s) designated above is the retiree's spouse\* and/or dependent child\*\* as defined by law as, "a child in the womb and a natural or legally adopted child of the member who has neither attained age eighteen(18) nor married or who is an unmarried full-time student who has not attained age twenty-two (22). I agree that I will immediately provide written notification to Kentucky Retirement Systems as soon as the person(s) designated above no longer qualifies as a spouse\* and/or dependent child\*\* as defined by KRS 16.505(17). I understand that Kentucky Retirement Systems shall immediately cease to pay the portion of the health insurance premium made on behalf of the person designated above when that person no longer qualifies as a dependent child\*\* as defined by KRS 16.505(17). I understand and agree that I will be responsible for and shall be required to repay any insurance benefits paid on behalf of the person(s) designated above if the said person is not a dependent child\*\* as defined by KRS 16.505(17) or if I fail to notify Kentucky Retirement Systems when dependent child marries, ceases to be a full-time student, or otherwise ceases to qualify as a dependent child as defined by KRS 16.505(17).

\*105 KAR 1:410

\*\*KRS 16.505(17)

I hereby certify that the information provided on this Form 6256, Designation of Spouse and/or Dependent Child for Health Insurance, is true and correct. I further acknowledge that I have full understanding that any person who provides a false statement, report, or representation is subject to penalty or perjury under KRS 523.010 to KRS 523.110.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**Member Information** Please provide your Member ID or Social Security Number in the Member ID box below

Recipient Name:		Recipient ID:	
Address:	City:	State:	Zip Code:
Phone Number:	Is this a new address? <input type="radio"/> Yes <input type="radio"/> No		

**If you are beneficiary to the account please provide the member's name and Member ID below**

Member Name:	Member ID:
--------------	------------

**Spouse Information**

Spouse Name:	Social Security Number:	Spouse Date of Birth:	
Address:	City:	State:	Zip Code:

**Dependent Information**

Dependent Name:	Social Security Number:	Dependent Date of Birth:	
Address:	City:	State:	Zip Code:

Relationship to Member: ☐ Natural Child ☐ Adopted ChildIs this dependent married or has this dependent been married previously? ☐ Yes ☐ NoIs this dependent age 18 or older? ☐ Yes ☐ NoIs this dependent a full time student? ☐ Yes ☐ No**Dependent Information**

Dependent Name:	Social Security Number:	Dependent Date of Birth:	
Address:	City:	State:	Zip Code:

Relationship to Member: ☐ Natural Child ☐ Adopted ChildIs this dependent married or has this dependent been married previously? ☐ Yes ☐ NoIs this dependent age 18 or older? ☐ Yes ☐ NoIs this dependent a full time student? ☐ Yes ☐ No



**Dependent Information**

Dependent Name:	Social Security Number:	Dependent Date of Birth:	
Address:	City:	State:	Zip Code:

Relationship to Member: ☐ Natural Child ☐ Adopted ChildIs this dependent married or has this dependent been married previously? ☐ Yes ☐ NoIs this dependent age 18 or older? ☐ Yes ☐ NoIs this dependent a full time student? ☐ Yes ☐ No**Dependent Information**

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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Print Form

**Form 6131**  
Revised 05/2008

### Bank Draft Authorization for Direct Pay Accounts

#### Recipient Information

The recipient is the person who is receiving the monthly benefit from the retirement system. Please provide your Member ID or Social Security Number in the Recipient ID box below.

Recipient Name:		Recipient ID:	
Address:	City:	State:	Zip Code:
Phone Number:	Is this a new address? <input type="radio"/> Yes <input type="radio"/> No		

#### Financial Institution Information

Financial Institution Name:
Depositor Account Number:
Depositor Routing Number:
Account Type: <input type="radio"/> Checking <input type="radio"/> Savings

I authorize and request the Kentucky Retirement Systems to withdraw the balance due of my monthly health insurance premiums from my account at the financial institution designated above. **I have attached with this form a VOIDED personalized check for deduction from my checking account or a deposit slip for deduction from my savings account.** I understand that failure to sign this authorization and provide a voided check or deposit slip will cause a delay in setting up or changing account information.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### For your convenience:

The sample check below shows where to locate the required bank information to complete your bank draft authorization.

My Name  
My Address  
My City, State, & Zip

72-74/893  
9255254

1152

DATE \_\_\_\_\_

PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_

DOLLARS

Bank Name  
Bank Address

MEMO \_\_\_\_\_

+1:001862862: 925 525 1152

9 Digit Bank Routing Number    Your Account Number    Check Number

## **Instructions for Completing Form 6131**

### **Bank Draft Authorization for Direct Pay Accounts**

You must complete this Form 6131, Bank Draft Authorization for Direct Pay Accounts, to authorize the withdrawal of the balance of your monthly health insurance premium directly from your account at a financial institution. A new Form 6131 must be completed to change your account number or financial institution. The financial institution may be a bank, savings bank, savings and loan association, credit union, or similar institution that is a member of the Automated Clearing House (ACH).

This form is to be used ONLY to authorize debits from your account by Kentucky Retirement Systems for the balance of your health insurance premiums. This form does not authorize deposits to your account at a financial institution.

The payment will be deducted from your account at your financial institution on the 14th calendar day of the month, unless the day is a weekend or holiday, then the payment will be deducted from your account on the last business day prior to the 14th.

Please provide the necessary information about the financial institution. You must sign and date the authorization form. You must attach a VOIDED personalized check or deposit slip from the account you are authorizing withdrawal. Your failure to sign and date the bank draft authorization form and provide a VOIDED personalized check or deposit slip will cause a delay in setting up or changing account information. If you are changing financial institutions or your account number, then the completed form and VOIDED personalized check or deposit slip must be received at Kentucky Retirement Systems before the 20th of the month prior to the month you want the change to become effective. Once the automatic bank draft has been processed by the Kentucky Retirement Systems, the bank draft may be cancelled for any of the following reasons:

1. A new bank draft authorization form is submitted and processed at KRS. This new Form 6131 will supersede your previous bank draft authorization.
2. A written notice of cancellation by you is received and processed at KRS. You should notify your financial institution if you decide to cancel this agreement.
3. The financial institution no longer accepts automatic bank draft withdrawals. If your financial institution no longer accepts automatic bank draft withdrawals, you must notify KRS in writing.
4. KRS discontinues the bank draft program with your financial institution. In this case, KRS will notify you of the cancellation in advance.
5. Your monthly benefit covers the cost of your health insurance premium and you no longer remain in direct pay status for health insurance premiums.
6. Notice of your death is received at KRS.

You may reach the Kentucky Retirement Systems at (800) 928-4646 or (502) 696-8800 if you have any questions. Written inquiries can be addressed to Kentucky Retirement Systems, 1260 Louisville Road, Frankfort, Kentucky 40601. For general information or to obtain additional forms, visit the retirement system website: [www.kyret.com](http://www.kyret.com)



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Print Form

**Form 6131**  
Revised 05/2008

### Bank Draft Authorization for Direct Pay Accounts

#### Recipient Information

The recipient is the person who is receiving the monthly benefit from the retirement system. Please provide your Member ID or Social Security Number in the Recipient ID box below.

Recipient Name:		Recipient ID:	
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Phone Number:	Is this a new address? <input type="radio"/> Yes <input type="radio"/> No		

#### Financial Institution Information

Financial Institution Name:
Depositor Account Number:
Depositor Routing Number:
Account Type: <input type="radio"/> Checking <input type="radio"/> Savings

I authorize and request the Kentucky Retirement Systems to withdraw the balance due of my monthly health insurance premiums from my account at the financial institution designated above. **I have attached with this form a VOIDED personalized check for deduction from my checking account or a deposit slip for deduction from my savings account.** I understand that failure to sign this authorization and provide a voided check or deposit slip will cause a delay in setting up or changing account information.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### For your convenience:

The sample check below shows where to locate the required bank information to complete your bank draft authorization.

The sample check displays the following fields for information extraction:

- 9 Digit Bank Routing Number:** Located at the bottom left of the check, indicated by a bracket.
- Your Account Number:** Located at the bottom left of the check, indicated by a bracket.
- Check Number:** Located at the bottom right of the check, indicated by a bracket.

Other fields visible on the check include: My Name, My Address, My City, State, & Zip, DATE, PAY TO THE ORDER OF, \$ (amount), DOLLARS, Bank Name, Bank Address, MEMO, and a MICR line at the bottom.



## **Instructions for Completing Form 6131 Bank Draft Authorization for Direct Pay Accounts**

You must complete this Form 6131, Bank Draft Authorization for Direct Pay Accounts, to authorize the withdrawal of the balance of your monthly health insurance premium directly from your account at a financial institution. A new Form 6131 must be completed to change your account number or financial institution. The financial institution may be a bank, savings bank, savings and loan association, credit union, or similar institution that is a member of the Automated Clearing House (ACH).

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4. KRS discontinues the bank draft program with your financial institution. In this case, KRS will notify you of the cancellation in advance.
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Please review the checklist on  
page 40 to make sure you have  
all of your documents for this  
**MANDATORY ENROLLMENT.**

**THANK YOU!**

**Call Center**  
**Monday - Friday**  
**8:00am - 4:30pm**  
**1-502-696-8800 or 1-800-928-4646**  
**Fax (502) 696-8822**

Perimeter Park West  
1260 Louisville Road  
Frankfort, KY 40601



### OUR WEBSITE

<https://kyret.ky.gov>

- Links to Member Education Videos
- Member Forms and directions
- News & Updates
- Publications (Recent and Archive)

### SELF SERVICE

[MyRetirement.ky.gov](http://MyRetirement.ky.gov)

- Update your personal information
- Get your retirement information

### MEMBER EDUCATION

[youtube.com/user/KentuckyRetire](https://youtube.com/user/KentuckyRetire)

- Video Library
  - How-to Videos
  - How to Retire
- Webinars & Town Halls
- On-location Outreach



 *Self Service*

### MEMBER COMMUNICATIONS

[www.Facebook.com/kyretirement](https://www.Facebook.com/kyretirement)

*Twitter - @KYretire*

- Up-to-date information as it happens
- New releases of videos & publications
- Instant notification of Webinars

### RETIREMENT COUNSELORS

- Call Center (with Call Back Assist)  
Monday - Friday  
8:00am - 4:30pm  
1-502-696-8800  
or 1-800-928-4646
- Fax (502) 696-8822
- On-site Counselors  
Perimeter Park West  
1260 Louisville Road  
Frankfort, KY 40601
- Email  
[krs.mail@kyret.ky.gov](mailto:krs.mail@kyret.ky.gov)  
General Questions only (unsecure)



### Legal Notice

If you have any questions about the material printed in this publication please contact Kentucky Retirement Systems at 1-800-928-4646. This publication is intended merely as a general information reference for members of KRS. If you have any specific questions about the subjects covered by this publication, you should contact the retirement office. This publication is not intended as a substitute for applicable Federal or state law, nor will its interpretation prevail should a conflict arise between its contents and applicable Federal or state law. Before making decisions about your retirement, you should contact Kentucky Retirement Systems.